RESEARCH (RECORDS) REQUEST FORM

Date of Request: _____

NOTE: Before submitting, make sure the form is completely filled out and a location map showing the limits of the request, is attached. Allow **8 working days** to process your research request.

APPLICANT INFORMATION:

Name: _____ Phone Number: _____

Company Name: _____

Address: _____

Email Address: _____

REQUEST FOR ENGINEERING RECORDS PERTAINING TO:

Project Number/Name: _____

Address or Street Name: _____

APN (if known): _____

PLANS REQUESTED* (*check all that apply*):

- ☐ Sewer
- ☐ Water
- ☐ Storm Drain
- ☐ Street Improvement
- ☐ Traffic Signal / City Street Lighting
- ☐ Grading
- ☐ Tract / Parcel Map
- ☐ Other (*please specify*): _____

**The city does not own dry utility lines (gas, electric, communication, etc.), therefore we do not provide records for these lines. Please contact the respective dry utility companies for their records.*

FOR CITY STAFF USE ONLY			
Research ID #:			
Research Completed by:			
Research Deposit:	$ 190	**Receipt Number:**	
Total time spent:			
Research time @ $300/hour:	$	**(with 15-minute increments)**	
Total Research fee due:	$	**Receipt Number:**	