City of South Gate

8650 CALIFORNIA AVENUE • SOUTH GATE, CA 90280 • TEL: (323) 357-9657 • FAX: (323) 563-9572

REQUEST # _____

REQUEST FOR UTILITIES AND ASBUILTS

PROJECT NAME: _____

Contact Person: _____ Company: _____

Phone Number: _____ Address: _____

Email Address: _____

PAYMENT DUE AT DATE OF SUBMISSION.
ADDITIONAL FEES WILL BE CHARGED FOR ACTUAL STAFF TIME INCURRED.

NO.	ITEM DESCRIPTION	ESTIMATED TIME (Hours)	HOURLY RATE (Fee Schedule)	TOTAL FEE
1	**LOCATION:** **RECORDS REQUESTED:**	**1.00**	$ 106.00	$ 106.00
2	**LOCATION:** **RECORDS REQUESTED:**	**0.00**	$ 106.00	$ -
3	**LOCATION:** **RECORDS REQUESTED:**	**0.00**	$ 106.00	$ -
	TOTAL	**1.00**		**$ 106.00**
				AMOUNT DUE

_____ _____

Signature *Date*