



City of South Gate

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

REQUEST FOR UTILITIES AND ASBUILTS

REQUEST # _____

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:	1.00	\$ 87.00	\$ 87.00
	RECORDS REQUESTED:			
2	LOCATION:	0.00	\$ 87.00	\$ -
	RECORDS REQUESTED:			
3	LOCATION:	0.00	\$ 87.00	\$ -
	RECORDS REQUESTED:			
TOTAL		1.00		\$ 87.00

AMOUNT DUE

Signature

Date