

DSD PROJECT/ISSUE DROP OFF

Drop Off Date: _____ Time: _____

CUSTOMER CONTACT NAME: _____

COMPANY: _____

PHONE: _____ Text ok? Yes No

EMAIL (DSD Preferred Method of Contact): _____

PROJECT NO. (if applicable): _____

PROJECT ADDRESS: _____

SUMMARY OF REQUEST:

Please be sure to include a General Application if appropriate. This and other DSD forms are available at sandiego.gov/dsd.

DO NOT LEAVE ANY CHECKS OR CASH. Upon review, notification will be provided regarding required payments. All payments can be made online.

IMPORTANT: The City of San Diego assumes no responsibility for any items left for review/processing.

Staff Use Only - AREA ASSIGNED: _____