

DOCUMENT DROP-OFF FORM

Drop-off Date: _____ Time: _____

CUSTOMER CONTACT NAME: _____

COMPANY: _____

PHONE: _____

EMAIL (DSD Preferred Method of Contact): _____

PROJECT NO. (if applicable): _____

PROJECT ADDRESS: _____

To: (DSD Staff Name): _____**SUMMARY OF REQUEST:**

DO NOT LEAVE ANY CHECKS OR CASH. Upon review, notification will be provided regarding required payments.
IMPORTANT: The City of San Diego assumes no responsibility for any items left for review/processing.