



THE CITY OF SAN DIEGO

REQUEST FOR TECHNICAL SERVICES PERMIT INFORMATION

Permit information requests cost \$5.00 per address. Checks must be made payable to the "CITY TREASURER."

BUSINESS NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Report(s) to be: \*Mailed: \_\_\_\_\_

E-Mailed: \_\_\_\_\_

Please return this form along with your payment to:

City of San Diego Fire-Rescue Department

Community Risk Reduction Division

525 B Street, Suite 300

San Diego CA 92101

<b>FIRE DEPARTMENT USE</b>
Amount Received: _____
Receipt #: _____
Check #: _____
Initials: _____
Date: _____

