



**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: \_\_\_\_\_

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

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

Please return this form along with your payment to:

FIRE PREVENTION BUREAU  
600 B STREET, SUITE 1300  
SAN DIEGO, CA 92101

ATTN: TECHNICAL SERVICES CLERK

\* Documents can be mailed if a stamped self-addressed envelope is mailed to us.

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



DIVERSITY  
BRINGS US ALL TOGETHER  
THE CITY OF SAN DIEGO