



DEPARTMENT OF PLANNING

REQUEST FOR LABELS

Date: _____

Case Number: _____

Name: _____

Company Name: _____

Company Address: _____

Phone Number: _____

Major Cross Streets and/or Address and/or Assessor's Parcel Number: _____

Signature of Requestor
(Mandatory at Time of Request)

FOR DEPARTMENT USE ONLY

TO BE COMPLETED AT TIME OF PAYMENT

Hansen #: _____

Amount Due: _____ \$50.00

Signature of Department of Planning Representative: _____

TO BE COMPLETED AT TIME OF PICK UP

Signature of Person Picking Up Labels

Date