

**BUILDING INSPECTION DEPARTMENT**

**CUSTOMER REQUEST INFORMATION (OPEN RECORDS)**

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

**REQUESTOR NAME:** \_\_\_\_\_

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

**CITY, STATE, ZIP:** \_\_\_\_\_

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

**FAX NO.:** \_\_\_\_\_

**REQUESTED INFORMATION (Please be specific):**

**Research address:** \_\_\_\_\_

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**MAILED, FAXED, OR PICKED UP BY:** \_\_\_\_\_

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

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

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