



PUBLIC WORKS DEPARTMENT
RESEARCH REQUEST APPLICATION

ENGINEERING DIVISION
 14343 CIVIC DRIVE
 VICTORVILLE, CA 92392
 760.955.5158 (MAIN)
 760.955.5159 (FAX)

REQ

DATE OF REQUEST: _____

PLEASE COMPLETE THE "RESEARCH REQUEST APPLICATION" FOR ALL INFORMATION, SUCH AS, BUT NOT LIMITED TO, THE STATUS OF A SUBDIVISION OR PROJECT; or, REFERENCE RECORDS; or, THE LOCATION OF UTILITIES FOR MORE THAN TWO PARCELS; or, FLOOD ELEVATION CERTIFICATES. IT IS ESTIMATED THAT THE INFORMATION REQUESTED WILL BE PROVIDED WITHIN 8 BUSINESS DAYS.

PLEASE NOTE THE CITY'S HOURS ARE MONDAY THROUGH THURSDAY, 7:30 AM UNTIL 5:30 PM.

ALL APPLICATIONS WILL BE BE COMPLETED IN ACCORDANCE WITH GOVERNMENT CODE §6253.b. THE REIMBURSEMENT OF STAFF TIME AND REPRODUCTION OF MATERIALS WILL BE AT THE EXPENSE OF THE REQUESTOR IN ACCORDANCE WITH RESOLUTION 97-75 OUTLINES THE STATUARY FEE TO BE THE REIMBURSEMENT OF THE ACTUAL TIME BY STAFF CONDUCTING THE RESEARCH AS REQUESTED LESS \$10.

INFORMATION REQUESTED PROJECT STATUS DUE DILIGENCE UTILITY INFORMATION

SUBDIVISION NO.:	A.P.N.:
LOCATION:	
SPECIFIC REQUEST:	

REQUESTOR CONTACT INFORMATION

CONTACT NAME:		
ADDRESS:		
PHONE:	CELL:	FAX:
EMAIL ADDRESS:		
SIGNATURE:		DATE:

INFORMATION TO BE PROVIDED VIA: EMAIL FAX PICK-UP

EMAIL ADDRESS:	FAX NO.:	
<input type="radio"/> BLUEPRINT COMPANY <input type="radio"/> COPY COMPANY <input type="radio"/> ENGINEERING COMPANY		
COMPANY NAME:	EMAIL ADDRESS:	
ADDRESS:		
PHONE:	CELL:	FAX:

******TO BE COMPLETED BY ENGINEERING DEPARTMENT STAFF******

UTILITY INFORMATION

SEWER	SIZE:	MAT'L:	DEPTH:	WATER	SIZE:	MAT'L:
LOCATION:				LOCATION:		
SIZE:	MATERIAL:	DEPTH:		ZONE:		
STORM DRAIN				UTILITY CO. CONTACT NO.'S:		
LOCATION:				CHARTER COMMUNICATIONS 1.760.843.3000		
LINE:				SOUTHERN CALIFORNIA EDISON 1.800.655.4555		
FACILITY TYPE:				SOUTH WEST GAS COMPANY 1.760.241.9321		
<input type="radio"/> REGIONAL <input type="radio"/> SECONDARY <input type="radio"/> LOCAL				VERIZON COMMUNICATIONS 1.800.483.4000		

NAME STAFF PROVIDING INFO:	DATE INFO. PROVIDED:
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RESEARCH REQUEST APPLICATION WORKSHEET

**** TO BE COMPLETED BY ENGINEERING DIVISION STAFF ****

SUBJECT REQUEST:

REQ _____

IMPROVEMENT PLAN STATUS APPROVED Yes No

FEE CREDIT AGREEMENT N/A

LAST SUBMITTAL DATE:	RETURN DATE:	LAST SUBMITTAL NO.:
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TYPE:
EXPIRATION DATE:

PLAN NO.'S:

TOTAL NO. CREDITS.:

NOTES:

NO. USED:
NO. REMAINING:

MAP STATUS RECORDED Yes No

CONSTRUCTION STATUS N/A

LAST SUBMITTAL DATE:	RETURN DATE:	LAST SUBMITTAL NO.:
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CLEARED & GRUBBED ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No
ABANDONED <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES:

IN PROGRESS <input type="checkbox"/> Yes <input type="checkbox"/> No
APPROX. % COMPLETE: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECURITIES INFORMATION

IMPROVEMENT	FAITHFUL PERFORMANCE AMOUNT	LABOR & MATERIALS AMOUNT	SECURITIES REDUCED/RELEASED						
			%	DATE	FP AMT. REMAINING	L & M AMT. REMAINING	%	DATE	
MONUMENTATION									
SEWER									
STREET									
STORM DRAIN									
WATER									
OFF-SITE SEWER									
OFF-SITE STREET									
OFF-SITE STORM DRAIN									
OFF-SITE WATER									
LIEN AGREEMENT									

NOTES:

STAFF NAME (SIGNATURE):	STAFF TITLE:
STAFF NAME (PRINT):	DATE INFORMATION PROVIDED TO REQUESTOR: