



PLAT ROOM REQUEST FOR COPIES*

Date of Request: _____

Ready for Delivery: _____

Request

Please check one of the following:

<input type="checkbox"/>	Plat (for Building Permit/Legal Lot of Record)								
<input type="checkbox"/>	Grading & Drainage	<input type="checkbox"/>	Landscape	<input type="checkbox"/>	Plan & Profile	<input type="checkbox"/>	Topography	<input type="checkbox"/>	Utilities
<input type="checkbox"/>	Other: _____								

*** Please use Mylar Check-Out Form if you are requesting original Mylars.**

Property Information

Subdivision Name: _____

Phase or Unit Number: _____ Block: _____ Lot: _____ Tract: _____

Owner Name: _____

Address: _____

Number of copies requested: _____

Contact Information

Name: _____
Last First M.I.

Address: _____
Street Address Suite/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Signature

I understand that I will be required to pay fees imposed by the City of Santa Fe pursuant to the inspection of Public Records Act. The City of Santa Fe has agreed to provide me with a schedule of its fees for copying public records, and upon request will provide me with an estimate of the costs for copies of the records I am requesting. I understand this is only an estimate and that I will not receive copies of any record until I have paid the applicable fees.

Signature: _____ Date: _____