

PLAT ROOM REQUEST

Date of Request: _____

Check here if you are requesting original mylars Special approval is required. See below*.

Information Requested	
Please describe what you are looking for – Plat; Development Plan; Other drawings; Etc.	
Provide as much information as you can – Subdivision Name; Phase or Unit Number; Block; Lot; Owner's Name; Addre	SS.
Number of copies requested:	
Property Information	
Address:	
Requested by	
Name:	
Address:	
Phone:E-mail Address:	
Signature	
I understand that I may be required to pay fees pursuant to the City of Santa Fe fee schedule. If mylars are being of	hecked
out, I commit to returning the mylars within 30 days. If the mylars are not returned, I will be financially and legally resp	
for their replacement.	
Signature: Date:	
*City Engineer Approval (for release of mylars only):	
Original mylars may only be released to the Engineer or Surveyor of Record unless otherwise approved in writing by th	e Land
Use Department Director or City Engineer for Land Use.	
Staff Comments:	
City Engineer Signature:	
Mylar Return Date: Staff Initials:	
Modified: 6/16/14 tb/wl	