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| DATE/TIME STAMP |
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**COMMUNITY DEVELOPMENT DEPARTMENT
INFORMATION REQUEST FORM**

Name and phone number: _____
[NAME - PRINT] [PHONE]

Name of staff member taking request: _____
[PRINT] [SIGNATURE]

Address of Parcel(s): _____

Assessor's Parcel Number(s): _____

Type of information being requested: *(check all that apply)*

- Zoning (e.g. setbacks, height allowances, lot coverage allowed, use, etc.)
- Building Requirements (e.g. codes, fees, processes, etc.)
- Critical Areas (e.g. streams, steep slopes, Puget Sound, etc.)
- Right-Of-Ways (e.g. questions, etc.)
- Drainage (e.g. complaints, violations, questions, etc.)
- Code Enforcement (e.g. complaints)
- Other

Description of request: *(provide in box below)*

All questions on Request answered? *(circle one)* Yes No¹

¹NOTE: All questions must be answered before this Request is processed.