

REQUEST FOR DOCUMENT EXAMINATION

1.	Applicant:			
	a. Class:	a. Class: □ Individual		
		Private Entity	e Entity	
		Government		
		Other (Specify):	(Specify):	
	b. Individual, Government Organization or Private Entity that represents:			
2.	Date of application:			
3.	E-mail:			
4.	Phone:		7	
5.	Request for:	□ View /	Application File	☐ Copy of Application
6.	Certified copy	□ Yes		□ No
7.	Application or p number (if not ki cadaster number):			
	Brief justification for request:			
9.	Brief description or requested copies:	of the PC	rmits	Office
	Gud	n y n	abo	City
10. Applicant's signature or authorized representative				

The Office will notify when the documents are available for pickup.