



**DEPARTMENT OF PLANNING**

**REQUEST FOR LABELS**

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Major Cross Streets and/or Address and/or Assessor's Parcel Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor  
(Mandatory at Time of Request)

***FOR DEPARTMENT USE ONLY***

<b><u>TO BE COMPLETED AT TIME OF PAYMENT</u></b>	Hansen #: _____
	Amount Due: _____ \$50.00
Signature of Department of Planning Representative: _____	

<b><u>TO BE COMPLETED AT TIME OF PICK UP</u></b>	
_____	_____
Signature of Person Picking Up Labels	Date