

GEOTECHNICAL AND MATERIALS ENGINEERING DIVISION

GEOTECHNICAL DOCUMENT REQUEST FORM

Requested By: Date:			(Please type or print)
I prefer to be co	ontacted by:	E-mail Telephone U.S. Mail	
DOCUMENTS REQUESTED (From Development Review Section files only): Property address(es), APN's, or Subdivision and Lot Numbers:			
(Optional)	Are the docu Yes	iments requested b No	eing sought for the purpose of a claim or litigation?
If yes, please indicate:			
Firm Name: Case Name:			
Case Number:	Court Location:		

Please email this completed form to: <u>GMEDRequests@dpw.lacounty.gov</u>