



Burbank Sanitary District
 20863 Stevens Creek Blvd., Suite 100
 Cupertino, CA 95014
 (408) 255-2137

Please fax completed form to (408) 253-5173

REQUEST FOR INFORMATION

 Name Date

 Primary Phone Number FAX E-Mail Address

Type of Request

- Plans Permits Records
 Confidential Communication Accounting of Disclosures Other

Description: _____

APN #: _____ Property Address: _____

Please list Burbank Sanitary District staff members that were contacted regarding this matter:

_____	_____	_____	_____
Name	Date	Name	Date

PLEASE NOTE:

- All requests will be completed within TEN (10) business days from the date of submitted request.
- Videos and copies are subject to additional fees.
- Documents containing the stamp or seal of a licensed professional cannot be copied without the written approval of said professional.
- There is no guarantee that information requested exists within the Burbank Sanitary District files.

For Administrative Use Only: Date Received _____

Action taken _____
 _____ Date _____

- Completed Date: _____
 Party Notified Date: _____
 Transmitted/Picked Up Date: _____

Completed by: _____ Date _____