



**CITY OF VISALIA**  
**INFORMATION REQUEST FORM**  
**FAX TO (559) 713-4814**

Date \_\_\_\_\_

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**Information Requested:**

Project: \_\_\_\_\_

Address \_\_\_\_\_

APN \_\_\_\_\_

Type of information or material requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Document (if appropriate): \_\_\_\_\_

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**(OPTIONAL) Reply To:**

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

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

Method requested to respond to request for records:

\_\_\_\_\_ Mail to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ FAX \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Would like to pick up in person

\_\_\_\_\_ Please call me when materials are ready