



County of Santa Cruz

DEPARTMENT OF PUBLIC WORKS

701 OCEAN STREET, ROOM 410, SANTA CRUZ, CA 95060-4070
(831) 454-2160 FAX (831) 454-2385 TDD (831) 454-2123

THOMAS L. BOLICH
DIRECTOR OF PUBLIC WORKS

Request for Public Works Staff Services Site Drainage Review

Property Owner's Name: _____

Property Address: _____

Property APN: _____

Phone Number: _____

I hereby request _____ (staff person's name) to perform a site drainage review. (Please be very specific as to the service agreed upon during discussion with staff person.) The purpose and expected result of the review is:

Based upon a discussion with the above named staff person, this service will take approximately _____ hours at an hourly rate of \$_____ per hour. I understand that the cost for this service is \$_____. If this request requires a site visit to my property, I hereby give my permission for County staff to enter my property for the purpose of performing the service requested herein.

Signature: _____ Date: _____

Instructions:

1. Talk with staff to obtain an estimate of time to perform the requested service and the hourly rate for that person.
2. Print this Request Form and complete the necessary information.
3. Mail or deliver the completed Request Form along with a check for the amount of the estimate to:

*Public Works Department
701 Ocean Street, Room 410
Santa Cruz, CA 95060
Attn: (Staff person's name)*

You will receive a phone call from the staff person to schedule the requested service.