



**JOHN J. PRESLEIGH**  
DIRECTOR OF PUBLIC WORKS

# 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

### 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  
Attention: (Staff person's name)

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