

City of Palos Verdes Estates Request for Preparation of Mailing Matrix for Planning Application

Fee Pa	aid:	MR #:	Date:
Applica	ant:	· · · · · · · · · · · · · · · · · · ·	
Applica	ation No.:		
Project Address:			
_	epare the pertinent of		eparation of a mailing matrix, City staf ling to City standards and provide a
How d □	•		illing matrix is ready?
	Contact name:		
	Mail it to me. Phone:		
	Name and Address:		
	Fax it to me. I will be responsible for printing it on labels.		
	Fax: Phone:		
	Contact name:		
For Sta	aff Use Only		
	Mailing matrix prepared		
	Date:	St	aff initials:
	Applicant contacted/ package mailed		
	Date:	Si	aff initials: