CITY OF LAKEPORT 225 Park Street Lakeport, CA 95453 (707) 263-5615 (707) 263-8584 (fax)	**REQUEST FORM**
Referred to: ☐ City Manager ☐ City Engineer ☐ Police Chief ☐ City Attorney ☐ Public Works Superintendent ☐ Utilities Superintendent ☐ Community Development Director	Request No: _____ Application Fee paid _____

Request from:	Date:
Mailing Address:	Telephone:
Request For:	

(Attach additional information if necessary) Signature: _____

CITY OF LAKEPORT	**STAFF REPORT OF INVESTIGATION**
Investigation by:	Dated:

COUNCIL ACTION: ☐ Approved ☐ Denied ☐ Continued ☐ Referred to Committee ☐ Other

DATE: _____

Per City Council Policy 1-92, Request and Application forms for City Council consideration must be submitted to City staff ten working days before the Council meeting at which they will be addressed.