



**SERVICE REQUEST**  
**Planning Department**

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Form of Response:  Email  Mail  Fax

**DESIRED ACTION:**

View Documents     Purchase Copies of Documents     Obtain Electronic Copies of Documents

**DESCRIPTION** Please be as specific as possible and include relative project numbers if known. Please provide property address, location and/or tax lot number.

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

Staff Time	\$56.00/hour (when data is not readily available)
First ten (10) copies	n/c, \$0.10 thereafter (readily available data)
Offsite records retrieval	\$50.00/file
Disc/DVD	\$10.00
LUCS, DMV Car Sales Forms	\$75.00
Zoning Verification	\$75.00
MLDC	\$9.00 FTP/\$41.20 hard copy

OFFICE USE ONLY	
Date received by staff member: _____	
Staff member assigned: _____	
_____	Estimated fee provided to requestor: Estimated total and detail: \$ _____
_____	Total actual staff time (hours x \$34.00) = \$ _____
_____	Actual expense incurred: Description: _____
_____	Number of Copies _____
Notes/Other _____	

Please return to [planning@cityofmedford.org](mailto:planning@cityofmedford.org)