#

**SEND TO SURVEY REVIEW?**

 **YES** [ ]  **NO** [ ]

# DEVELOPMENT SERVICES DEPARTMENT

REQUEST FOR LEGAL SERVICES

**Date Review Requested:** Click or tap here to enter text.

**Date of Project Submittal:** Click or tap here to enter text.

**DSD POINT OF CONTACT*:***

**Name:**  Click or tap here to enter text.

**Contact Information:**  Click or tap here to enter text.

**PROJECT INFORMATION:**

**Project Name:** Click or tap here to enter text.

**Project Case Number:** Click or tap here to enter text.

**APPLICANT CONTACTS:**

**Point of Contact:** Click or tap here to enter text.

**Point of Contact’s Phone Number:** Click or tap here to enter text.

**Point of Contact’s Email:** Click or tap here to enter text.

**OWNER:** Click or tap here to enter text.

Owner’s Phone Number: Click or tap here to enter text.

Owner’s Email Address: Click or tap here to enter text.

**Type of Document Requested:**

[ ]  **Easement** Click or tap here to enter text.[ ]  **Restrictive Covenant** Click or tap here to enter text.

[ ]  **Deed Click or tap here to enter text.** [ ]  **Termination Click or tap here to enter text.**

[ ]  **Other: Click or tap here to enter text.**

Additional Comments/brief explanation of issue/concern: Click or tap here to enter text.