



REQUEST FOR INFORMATION: BUILDING DEPARTMENT RECORDS

DATE OF REQUEST: _____

CONTACT INFORMATION:

NAME: _____
COMPANY: _____
ADDRESS: _____
EMAIL: _____
PHONE NUMBER: _____ CELL NUMBER: _____
FAX NUMBER: _____

How would you like the information delivered? Mail Email Fax

INFORMATION REQUESTED:

INFORMATION TYPE: _____
LOCATION/ADDRESS: _____

DESCRIPTION OF INFORMATION BEING REQUESTED:

Please send requests to: brandy.goetz@dickinsongov.com or
drop off at City Hall: 99 2nd St E, Dickinson ND 58601