



## REQUEST FOR INFORMATION: BUILDING DEPARTMENT RECORDS

DATE OF REQUEST: \_\_\_\_\_

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### CONTACT INFORMATION:

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_

How would you like the information delivered?  Mail  Email  Fax

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### INFORMATION REQUESTED:

INFORMATION TYPE: \_\_\_\_\_  
LOCATION/ADDRESS: \_\_\_\_\_

DESCRIPTION OF INFORMATION BEING REQUESTED:

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Please send requests to: [hailey.richter@dickinsongov.com](mailto:hailey.richter@dickinsongov.com)  
or drop off at City Hall: 99 2nd St E, Dickinson ND 58601