Time:	DST:	
	Director:	

REQUEST FOR RESEARCH

CD \$2.00 plus labor*	with present	\$
FOR OFFICE USE ONLY Research Fee (\$6.00 per request) 8 ½ x 11 copy @ \$.30 for first page and \$.20 for all others 8 ½ x 14 copy @ \$.30 for first page and \$.20 for all others 11 x 17 copy @ \$1.00 for each page CD \$2.00 plus labor*	with present	\$\$ \$\$ \$\$
Please list the names of previous property owners starting v FOR OFFICE USE ONLY Research Fee (\$6.00 per request) 8 ½ x 11 copy @ \$.30 for first page and \$.20 for all others 8 ½ x 14 copy @ \$.30 for first page and \$.20 for all others	with present	\$\$ \$\$
Please list the names of previous property owners starting v FOR OFFICE USE ONLY Research Fee (\$6.00 per request) 8 ½ x 11 copy @ \$.30 for first page and \$.20 for all others	vith present	\$
Please list the names of previous property owners starting v FOR OFFICE USE ONLY Research Fee (\$6.00 per request)	vith present	s
Please list the names of previous property owners starting v	with present	owner name.
Please list the names of previous property owners starting v	with present	owner name.
APN Address of Property		
For processing purposes, this office requires the following in (This information can be obtained through the Assessor's C	Office.)	
Purpose of Request: ☐ Copy of Permit Only ☐ List of Permits on Property ☐ Miscellaneous- Be specific	roperty wit	
SUBMITTED VIA: ☐ In Person ☐ By Fax (209) 742-5024 ☐ By E-mail (bu	ilding@ma	riposacounty.org)
EMAIL ADDRESS:		
PHONE NO.: FAX NO.:		
REQUESTED BY:		
REQUEST AND PAYMENT RECEIVED.	EE WORK	ING DAYS AFTER
INFORMATION WILL BE AVAILABLE WITHIN THR		