



Community Development Department • 69-825 Highway 111 • Rancho Mirage, CA 92270

Phone: 760-328-2266 • Fax: 760-324-9851

## INCOMPLETE APPLICATION ACKNOWLEDGEMENT

### APPLICANT:

\_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### LEGAL OWNER:

\_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### REPRESENTATIVE/CONTACT PERSON:

\_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Please send correspondence to (check one)  Applicant  Property Owner  Representative/Contact

### Summary of incomplete submittal items: (REQUIRED)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## ACKNOWLEDGEMENT

**I acknowledge that I am submitting an incomplete application. I agree and understand that the application will not be processed until items required are submitted and the application is deemed complete by the assigned Planner.**

**Any false or misleading information shall be grounds for denial**

**If Not Legal Owner, Notarized Authorization From Owner of Record Must Be Attached.**

Wet Ink Signature

Print Name

Date

### OFFICE USE ONLY

CASE NUMBER: \_\_\_\_\_

RELATED CASE NUMBER: \_\_\_\_\_

DATED SUBMITTED: \_\_\_\_\_

SUBMITTED TO: \_\_\_\_\_