

SERVICE REQUEST



City of Laguna Beach
Community Development
505 Forest Avenue
Laguna Beach, CA 92651

Received Date Stamp:

Specific Site Address: _____ APN #: _____

Case #: _____

Nature of Concern (explain in Detail):

CITY POLICY REQUIRES NAME, ADDRESS, AND PHONE NUMBER:

Name: _____ Phone: _____

Address: _____

E-mail: _____

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

STAFF ACTION:

Investigation Findings: _____

Remedial Action Taken (if request substantiated): _____

Investigator: _____

