	IZENS NEGUL	EST AND/OR PETITION	FOR SERVICES
DATE:		CONTROL NU	MBER:
NAME:			
		PI	
REQUEST REC	CEIVED AND P	ROCESSED BY:	
DETAILS OF R	EQUEST OR P	ETITIONS: (USE ADDITION	AL SHEETS IF NECESSARY)
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		FOLLOWING DEPARTMENT	
DEPARTMENT REVIEW DATE	● MAYOR	CITY CLERK	
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