

City of Merced Planning Department 678 W 18<sup>th</sup> Street Merced, California 95340 (209)385-6858

(Office Use Only)								
Deposit date:	Amount:	Receipt#:	Rec'd by:					
Staff time spent: hours (x \$100 per hr)	<u>Amt Due:</u>	Receipt#:	Rec'd by:					

# **REQUEST FOR RESEARCH**

An initial deposit of 50% of the estimated total cost of researching your item is required. Payment for the remainder of the cost will be collected upon completion or the research. A rate of \$100.00 per hour applies.

# Today's Date: \_\_\_\_\_

<u>REQUESTOR INFORMATION (please print)</u> :								
Name:		Firm	າ:					
Mailing Address:				Suite #:				
City:	_State:		_Zip:					
Phone (main):		_ (cell):						
Email:		Fax:						
What is the preferred method of delivery? Email U.S. Mail Fax								

#### **Research Requested:**

Please be precise in describing what research you need performed.

## Requested Delivery Date: \_\_\_\_\_

We will do our best to honor your requested date; however, regular department deadlines and operations may inadvertently affect our efforts.

## Cost Estimate: \_\_\_\_\_

7/2011