



Building Safety Division

RESEARCH/INFORMATION REQUEST

NAME: _____ **DATE:** _____

FIRM: _____ **PHONE:** _____

EMAIL: _____ **FAX:** _____

REQUEST INFORMATION:

TO REVIEW ONLY **PAPER** **ELECTRONIC** **CD**

ITEM DESCRIPTION: (Please be as detailed as possible)

Please fax this request to: (702) 642-8064 or scan to AndrewsJ@cityofnorthlasvegas.com