



# Town of Cicero Building Department

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## PLAT OF SURVEY REQUEST FORM

Date: \_\_\_\_\_

Requestor's Information (Please print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please provide specific address of plat of survey requested:

\_\_\_\_\_ Cicero, IL 60804

I understand that the Town of Cicero has five (5) business days after the date of receipt by the Town of this request to respond.

Initials: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

*COPY OF PLAT OF SURVEY IS ENCLOSED*

*NO PLAT OF SURVEY ON FILE*

Clerk's initials: \_\_\_\_\_ Date: \_\_\_\_\_