



# City of El Segundo

Drop-off Form

- Approved plans
- Field Change
- New Submittal
- Re-submittal

DATE: \_\_\_\_\_

TO: Building Safety

FROM: \_\_\_\_\_

PLAN CHECK # \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

MESSAGE: \_\_\_\_\_

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# DROP-OFF