



CITY OF THOUSAND OAKS
PUBLIC WORKS DEPARTMENT

TRANSMITTAL

Date: _____

To: _____

From: _____

Phone: _____

Phone _____

Attn: _____

Attn: _____

Project/Name/File: _____

UTL ENG

Items Transmitted

Quantity	Item	
Check No.	Amt.	For:
Check No.	Amt.	For:

Action Requested: Checking Correction Completion Signature
 FYI/Use Approval Recordation Stick File (MSC)
 Other _____

Disposition: Return/Resubmit File Other (specify)
Forward to: _____

Remarks: _____

Distribution: White - Addressee Received by _____
 Yellow - Sender