CERTIFICATE OF OCCUPANCY RESEARCH REQUEST

** For Questions, call (805) 449-2500**

The City of Thousand Oaks will research historical information on Certificate of Occupancies issued for a particular location upon receipt of this request. Please note that copies of the Certificates are not kept on file. We will, therefore, provide you with the date the Certificate was issued.

REQUESTOR INFORM	ATION:			
Name & Organization: _				
Address (and Suite):				
				7ID:
				ZIP:
		Fax: ()	
Email:				
REQUEST:				
Business Address (inclu	de suite):			
Business Name (optional):				
Please indicate the time period you would like researched:				
NOTE: Research requising received.			vo to four we	eks from date request
FEE:				
• \$78/hour for Com	ne address, no history plex: One or more addres of \$39 due at time reque			ding of documents
FOR OFFICE USE ONL	<u>Y</u> :			
Date Received:	Date Complet	ed:		completed by:
For a complex request:	Estimated Time to Comp	olete:	hours	
	Actual Time to Complete	e:	hours	
Amount Received: \$	Receipt #:			

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