City of San Leandro
Environmental Services Division
File Review Request

(Fax to 510-577-6019 or e-mail to GSchino@ci.san-leandro.ca.us)

Date: _____

Name: _____ Phone: _____

Organization: _____

Address: _____

Purpose of File Review: _____

Files Requested (street address):	Type (Contaminated Site, Pretreatment, CUPA, Storm Water, All)

Environmental Services Use Only

Request reviewed by: _____
Scheduled for review by: _____ Date: _____ Time: _____
Review completed: _____