

**GEOLOGICAL SURVEY REVIEW BILLING INFORMATION SHEET**

**This information is required in order to collect the proper fees in connection with the geologic hazard review process of your application. If the geological survey review fees exceed the initial payment of \$300, any remainder owed will be billed to the applicant.**

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

Planner: \_\_\_\_\_

File No.: \_\_\_\_\_

The City will send Invoices for unpaid amounts to the following:

Applicant: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

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

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

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Accounting Use Only:

LUR Receipt No(s). \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

CGS Invoice No(s). \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LUR Customer Number \_\_\_\_\_

LUR Invoice No. LUR \_\_\_\_\_ Date: \_\_\_\_\_

Date Payment Received \_\_\_\_\_ Amount: \_\_\_\_\_