CITY OF MENIFEE
ENGINEERING DEPARTMENT

CERTIFICATE OF CORRECTION APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Tract/Parcel Number: _____ DATE SUBMITTED: _____

APPLICATION INFORMATION

Applicant's Name: _____ E-Mail: _____

Mailing Address: _____
Street

_____
City *State* *ZIP*

Daytime Phone No: (____) _____ Fax No: (____) _____

Land Surveyor/Civil Engineer's Name: _____ E-Mail: _____

Mailing Address: _____
Street

_____
City *State* *ZIP*

Daytime Phone No: (____) _____ Fax No: (____) _____

Developer: _____ E-Mail: _____

Mailing Address: _____

Daytime Phone No: (____) _____ Fax No: (____) _____

Tract/Parcel Number: _____

Reason for the Certificate of Correction:

_____

_____

_____

_____

_____

_____

_____ _____
PRINTED NAME OF APPLICANT *SIGNATURE OF APPLICANT*