



## Mitigation Request Form

\*\*\*Per FSS Copy Fees May Apply\*\*\*

Please provide the following information when submitting a Mitigation Request Form:

Your Company \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

<i>Requestor</i>		<i>City</i>		
Address	Permit Type example: Roof, Window, Shutter	Permit #	Application Date	Date of Last Approved Inspection

Additional permit information may be obtained from [www.coral Springs.org](http://www.coral Springs.org)

*For office use only*

Date Received: \_\_\_\_\_ /Returned: \_\_\_\_\_ Completed: \_\_\_\_\_

