Building & Safety Department
Report Request

Fax To: 402-441-8214

Permit or Activity Type/s: _____

Issued Beginning Date: _____ **Ending Date:** _____

Permit Status/s: _____

Permit Address:_____

Report Data: Please provide a detailed description of the information needed:

**None of our reports will include phone numbers*

**If you have a pre-paid contractor account & would like the fee taken out of this account please sign & date below*

** All e-mailed reports will be in pdf format*

Requested By:_____
Name

Address:_____
Street City, State Zip

Send To:_____
Name Street City, State Zip

Phone #:_____ **Email:** _____ **Date**_____

There is a charge for all reports & copies due prior to distribution

Fee Due: $_____**Fees are based on the following rates:** Customized Report: Hourly Rate of $40.00
Standard Report: $0.25 per page or $5.00 minimum

Contractor Only

Take Fee Out of
Contractor Account: _____ Signature: _____ Date: _____

reportreq.wpd

Completed By:_____ Completed On:_____