



CITY OF SIMI VALLEY

REQUEST FOR FLOOD ZONE DETERMINATION

Date of Request: \_\_\_/\_\_\_/\_\_\_

Requested by: \_\_\_\_\_

Address of Determination: \_\_\_\_\_  
Street Address Zip Code

Mailing Address: \_\_\_\_\_  
*(if different from above)* Street Address  
\_\_\_\_\_  
City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_

Validation

For Office Use Only:

APN: \_\_\_ - \_\_\_ - \_\_\_ Case No.: \_\_\_\_\_ Zone: \_\_\_\_\_ Map No. \_\_\_\_\_

Refer to PW? Yes / No Call for Pickup or Mail? Remind to pay? Yes / No

Date of Det.: \_\_\_/\_\_\_/\_\_\_ Verified by: \_\_\_\_\_ Date/time called: \_\_\_\_\_  
Initials