



City of La Quinta

PUBLIC WORKS DEPARTMENT

SECOND OPINION REQUEST FORM

Customer Information:

Name (please print):

Phone number: (_____) _____ Best time to call: _____ am _____ pm

Mailing Address:

Email address: _____@_____._____

I would like a second opinion regarding the following:

Project name (please print):

Project location:

Tract Number: _____

Please describe below your specific concern or question regarding the above:

Send completed form to:

**City of La Quinta Public Works Department
Attention: Tim Jonasson, Public Works Director/City Engineer
P.O. Box 1504
La Quinta, CA 92247-1504
Fax Number (760) 777-7155
Email: tjonasson@la-quinta.org**