

SUBDIVISION FORMS REQUEST

RE 695C (Rev. 9/04)

INSTRUCTIONS

To order subdivision forms, complete and return this form to one of the addresses listed below.

Mail to:

Department of Real Estate
Subdivisions – North
P.O. Box 187005
Sacramento, CA 95818-7005

Department of Real Estate
Subdivisions – South
320 W. 4th Street, Suite 350
Los Angeles, CA 90013-1105

Note:

- *Please enclose a preprinted address label with your request.*
- You will receive one copy of each requested form by mail. You may reproduce additional copies on paper of comparable quality and similar color provided you do not alter the forms in any way.

Subdivision Packets <i>(Check one or more)</i>	Individual Subdivision Forms <i>(one each)</i>			
<input type="checkbox"/> Preliminary	RE _____	RE _____	RE _____	RE _____
<input type="checkbox"/> Standard	RE _____	RE _____	RE _____	RE _____
<input type="checkbox"/> Common Interest	RE _____	RE _____	RE _____	RE _____
<input type="checkbox"/> Amendment/Renewal	RE _____	RE _____	RE _____	RE _____
<input type="checkbox"/> Stock Cooperative/Limited Equity Housing Cooperative	RE _____	RE _____	RE _____	RE _____
<input type="checkbox"/> Time Share (in-state and out-of-state)	RE _____	RE _____	RE _____	RE _____
<input type="checkbox"/> Time Share - Amendment/Renewal (in-state and out-of-state)	RE _____	RE _____	RE _____	RE _____
<input type="checkbox"/> Undivided Interest	RE _____	RE _____	RE _____	RE _____
<input type="checkbox"/> Out-of-state Registration (covers all except time-shares)	RE _____	RE _____	RE _____	RE _____
	RE _____	RE _____	RE _____	RE _____

REQUESTOR'S STATEMENT

I understand that I may reproduce additional copies on paper of comparable quality and similar color so long as the forms are not altered in any way.

SIGNATURE OF REQUESTOR



DATE

NAME OF REQUESTOR (PRINT OR TYPE)

TITLE OF REQUESTOR

COMPANY NAME

TELEPHONE NUMBER (INCLUDE AREA CODE)

MAILING ADDRESS (STREET ADDRESS OR P.O. BOX, CITY, STATE, AND ZIP CODE)