



togetherforbetter

**Department of Administrative
Services Code Enforcement Unit**

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**REQUEST FOR SUPERVISOR REVIEW
COUNTY OF CLARK - STATE OF NEVADA**

Date: _____

Requestor's Name: _____ **Phone :** _____

Address: _____
(Street, City, State, Zip Code)

Please provide the following:

Case Number _____ **or**

Address of Inquiry _____

Please check the appropriate box :

- Administrative Citation**
- Parking Citation**
- Inspection Fees**

Reason for Review:

SIGNATURE

DATE

Print Form

Email Form