



**ZONING VERIFICATION LETTER REQUEST FORM**

(Please allow 3-5 business days for the letter)

**FEE: \$45.00 (per letter)**

**DATE OF REQUEST:** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail Address (if applicable):** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**PROPERTY OWNER\*:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*The letter will be addressed to the property owner unless otherwise instructed.*

**PROPERTY ADDRESS:** \_\_\_\_\_

**Township** \_\_\_\_\_ **Range** \_\_\_\_\_ **Section** \_\_\_\_\_

**Parcel acreage** \_\_\_\_\_ **Tax Parcel Number** \_\_\_\_\_

**Zoning District** \_\_\_\_\_

**WHAT SPECIFIC INFORMATION ARE YOU REQUESTING BE ADDRESSED IN THIS LETTER?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH A COPY OF ALL RECORDED PROPERTY DEEDS OR OTHER INSTRUMENTS OF CONVEYANCE (E.G. DEED OF TRUST) FOR THE SUBJECT PROPERTY FROM OCTOBER 1978 TO PRESENT DAY.**

**(NOTE: DEVELOPMENT SERVICES DOES NOT PROVIDE DEED OR TITLE SEARCH SERVICES. THIS MUST BE PROVIDED BY THE APPLICANT.)**

**\*Office Use Only\***

Received By:	Date:	Fee:	Receipt No:
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