



**ZONING VERIFICATION REQUEST**

Date: \_\_\_\_\_

Name/Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Folio Number(s): \_\_\_\_\_

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

Fee: \*\$125.00

\*If folios/parcels are not contiguous, reduced rate for over ten (10) parcel requests. Fee required prior to any research/review of parcel. Please allow 3-5 business days for zoning verification from City Official.

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**FOR FINANCE OFFICE USE:  
ACCOUNT # 121**

**Received by:**

**Date:**

\_\_\_\_\_  
Cindy Lyle  
Assistant Community Development Director

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