



**OXFORD**  
PLANNING  
DEPARTMENT

**APPLICATION FOR ZONING VERIFICATION LETTER**

**Requestor's Name:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

**Telephone Number (s) Day:** \_\_\_\_\_

**Address of Property in Question:** \_\_\_\_\_

**PPIN(s) #** \_\_\_\_\_ **(Required Field)**

**Preferred Method of Remittance:**

\_\_\_\_\_ **Email**      \_\_\_\_\_ **Physical Copy**

**Any Additional Information Needed:**

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

**Signature of Requestor** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR CITY USE ONLY**

**Date Received** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**Date of Remittance:** \_\_\_\_\_