



*(For office use only)*

NAC(s): \_\_\_\_\_

\_\_\_\_\_

(WITHIN 500 FEET OF SITE)

## REQUEST FOR NEIGHBORHOOD MEETING LABELS

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

MAP \_\_\_\_\_ TAX LOT (S) \_\_\_\_\_

MAP \_\_\_\_\_ TAX LOT (S) \_\_\_\_\_

MAP \_\_\_\_\_ TAX LOT (S) \_\_\_\_\_

LABELS AND AREA MAP(S) WILL BE PROVIDED. **THE MINIMUM FEE FOR THIS REQUEST IS \$50. REQUESTS THAT TAKE MORE THAN A HALF-HOUR TO COMPLETE WILL BE CHARGED \$50 FOR EACH ADDITIONAL HALF-HOUR OR ANY PART THEREOF.** THE FEE WILL BE COLLECTED UPON DELIVERY OF THE LABELS AND AREA MAP(S).

(please allow 1 calendar week processing time)

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Date label request received by Planning Counter: \_\_\_\_\_

Date label request received by Support Staff: \_\_\_\_\_

Date applicant called: \_\_\_\_\_

Label/Map preparation time: \_\_\_\_\_ cost: \_\_\_\_\_

Applicant paid: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt number: \_\_\_\_\_