

City of Elyria Request for Zoning Information

Date: _____ Call Received by: _____

Phone: _____ Fax: _____

Person Requesting Information: _____

Address of person requesting information: _____

PP# _____

Location or address of property in question _____

Reason for Inquiry: _____

Building Inspector's findings: _____

Information provided by: _____ Date: _____

Title: _____