

CITY OF DE PERE
335. S. Broadway
De Pere, WI 54115
920-339-4053
920-330-9491 fax



FEE: \$75.00

RECEIPT #: _____

DATE: _____

REQUEST FOR LETTER OF ZONING VERIFICATION

Applicant:

Name: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

Fax Number: _____

Subject Property:

Address: _____

Parcel #: _____

Legal Description: _____

Signature: _____ **Date:** _____