



## PLANNING, ZONING & MAPPING

Phone: (815) 319-4350 ▪ Fax: (815) 319-4351  
404 Elm Street ▪ Room 403 ▪ Rockford, Illinois 61101

# ZONING REQUEST FORM

### CUSTOMER INFORMATION

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

Phone: \_\_\_\_\_ Facsimile & Email Address: \_\_\_\_\_

### SUBJECT PROPERTY INFORMATION

Property Identification Number (P.I.N.): \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Please circle type of response requested:      verbal    /    \*written

**NOTE:** \*Written request must be accompanied by \$25.00 fee. Make checks payable to: Winnebago County Regional Planning and Development.

Description of the information being requested: \_\_\_\_\_

\_\_\_\_\_

### **TO BE COMPLETED BY PLANNING, ZONING & MAPPING PERSONNEL**

Name of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Property Zoning: \_\_\_\_\_ Zoning Map #: \_\_\_\_\_

Short description of information provided: \_\_\_\_\_

\_\_\_\_\_

Paid—Cash  Check  Receipt # \_\_\_\_\_ Date \_\_\_\_\_