Received Date: _____
Received By: _____
Assigned To: _____

DEPARTMENT OF
PLANNING & ZONING
TOWN OF DEWITT

INQUIRY

Nature of Inquiry/Question: _____

_____

Location: _____

Tax Map No.: _____

Other important information: _____

_____

Owner/Tenant Contact Information

Name: _____ **Phone No.:** _____
Address: _____

Inquirer*: _____
Address: _____
Phone No: _____

Date/Notes/Action

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Outside Agency Referral: _____

* Town policy requires the identification of an inquirer.