

TOWN OF MANHATTAN REQUEST FORM



Name: _____
location: _____ (circle one of the following) In Town / Out of Town
Phone Number: ____ - ____ - _____ Mailing address: _____

Please state your request:

Please sign: _____ Date: ____/____/_____

Your request will be processed in a timely manner and you will be notified of the correct procedure for your request. Thank you.

Town Hall Use Only!

Zoning of property: RR R1 R3 CBD NHB L-1 P-O AG

Check if within 1 mile zoning area: ____

Check if within 3 1/2 mile jurisdictional area: ____

List process for this request: _____

Signed: _____ Date: _____

see attachments

Phone Fax

Town of Manhattan, 120 West Main, P.O. Box 96, 284-3235/284-6363, townofmanhattan@gmail.com