REQUEST FOR ZONING AMENDMENT
(MAP AMENDMENT-REZONING)

Portland
CITY OF TWO RIVERS Michigan

DATE:	PRESENT ZONING CLASSIFICATION:
PARCEL OR LOT NUMBER OF PROPERTY:	REQUESTED REZONING CLASSIFICATION:
ADDRESS OF PROPERTY TO BE REZONED:	

REASONS FOR REZONING:

_____

SIGNATURE OF OWNER(S)

DATE RECEIVED: _____

"The City of Portland is an equal opportunity provider and employer."

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