REQUEST FOR ADDITIONAL RESIDENTIAL UTILITY METER(S)  
AG & RS ZONING CLASSIFICATIONS FOR  
(Arlington)

NAME: __________________________________________________
ADDRESS: _______________________________________________
CITY: ______________ STATE: _______ ZIP: ____________
PHONE: _________________________  FAX: __________________

Existing Structure   □  (example: single dwelling to duplex, triplex, etc.)
Proposed Structure   □  (example: guest house, pool house, garage, etc.)

Describe the type and use of the structure in question and the use of other structures on
the lot:
____________________________________________________________________
____________________________________________________________________

Please forward to: Town of Arlington
Attn: Angela Reeder, AICP, Town Planner
Office: (901) 867-3449  Fax: (901) 867-2638
areeder@townofarlington.org

****************************************************************************** For Zoning Use Only *******************************

□ Verified  Reason: _________________________________________________

□ Not Verified  Reason: _____________________________________________

Zoning Rep.  Signature: _______________________  Date: _____________
Print Name: _________________________  Existing Zoning ___

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MLGW Contact: __________________________ Phone #: ________________

Note to City of Arlington:
Send completed form to MLGW-Land and Mapping-Address Assignment
Email: Address.assignment@mlgw.org
or Fax: 729-8605