

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

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: Collierville Code Enforcement
Attn: Mr. Chris Byrd
Office: (901) 457-2320 Fax: (901) 457-2329
Email: cbyrd@collierville.tn.gov

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

☐ Verified Reason: _____

☐ Not Verified Reason: _____

Zoning Rep. Signature: _____ Date: _____

Print Name: _____ Existing Zoning _____

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MLGW Contact: _____ Phone: _____

Send completed form to: MLGW Land and Mapping

Email: Address.assignment@mlgw.org

or

FAX: 729-8605