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

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: City of Germantown
Attn: Cindy Bond-Plans Manager
Office: (901) 757-7284 Fax: (901) 751-7526
cbond@germantown-tn.gov

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

[ ] Verified Reason: ____________________________________________

[ ] Not Verified Reason: _______________________________________

Zoning Rep. Signature: __________________________ Date: __________

Print Name: ___________________________ Existing Zoning ___

MLGW Contact: __________________________ Phone #: _____________

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