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

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: Millington Code Enforcement
Attn:  Mr. Al Bell
Office: (901) 872-3410   Fax:  (901) 872-3141

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

□  Verified  Reason: ______________________________________

□  Not Verified  Reason: __________________________________

Zoning Rep.  Signature: ___________________________  Date: __________

Print Name: ___________________________   Existing Zoning ____

MLGW Contact: ___________________________  Phone: __________________

Send completed form to: MLGW Land and Mapping
Email: Address.assignment@mlgw.org
or
FAX:  729-8605