



**City of Winslow Community Development Department**

Planning and Zoning Division

**Zoning Verification Request**

**Date:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Assessor's Parcel Number:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**NOTE:**

Please submit your request to: [Community.dev@ci.winslow.az.us](mailto:Community.dev@ci.winslow.az.us), or fax it at: 928-289-3742

**For Official Use ONLY**

**Zoning District:** \_\_\_\_\_

**Verified by:** \_\_\_\_\_

**Date:** \_\_\_\_\_