



# Request for Zoning Verification Letter

## Fee: \$15.00

Planning and Development  
City of O'Fallon  
100 North Main Street  
O'Fallon, MO 63366  
Phone: 636-379-5544  
Email: tcoffman@ofallon.mo.us

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

Address/Location of property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by (Zoning Verification Letter will be addressed and forwarded to this address):

Attn: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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*For Office Use*

Date Request received: \_\_\_\_\_ Person Accepting Request: \_\_\_\_\_

Fee Received: YES NO Date Verification was forwarded to Requestor: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_