

TOWN OF UNDERHILL

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Underhill, VT 05489

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BIANCHI STATEMENT REQUEST

INSTRUCTIONS: PLEASE PRINT. Complete this form in full—incomplete requests will be returned for additional info. Please allow 1 week for processing if Zoning Administrator is not present at time of request.

FEE: \$10 / parcel

| | |
|---|--|
| REQUESTOR NAME & FIRM: | MAILING ADDRESS: |
| PHONE: | FAX: |
| EMAIL: | PREFERRED METHOD OF DELIVERY: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> First-class Mail |
| LANDOWNER NAME: | PROPERTY LOCATION: |
| DATE OF CLOSING/ REQUEST RECEIPT BY: | ADDITIONAL REQUEST(S)? <input type="checkbox"/> Yes (Provide info below) <input type="checkbox"/> No |
| LANDOWNER NAME: | PROPERTY LOCATION: |
| DATE OF CLOSING/ REQUEST RECEIPT BY: | COMMENTS? |

SIGNATURE

DATE

OFFICE USE ONLY

RECEIVED Date _____

ISSUED Date _____

Email Fax First-class Mail

| | |
|----------------------------------|-------------------------------|
| TOTAL FEE | \$ _____ |
| <input type="checkbox"/> Check # | <input type="checkbox"/> Cash |

Comments:

Zoning Administrator

Date