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REQUEST FOR ZONING CHANGE IN MONCLOVA TOWNSHIP

To: **Monclova Township Zoning Commission** Date: _____
Lucas County Plan Commission
Monclova Township Trustees

Sir or Madam:

I or we, the undersigned, owner(s) of the following described property do hereby request your Honorable Body to consider a change in the zoning classification of said property.

Legal Description: (Attach if lengthy) _____

Parcel Number(s): _____

Parcel Address(es): _____

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Change in Classification Requested

Zoning Classification From: _____ To: _____

Owner's Signature _____ **Printed Name** _____

Address _____

Phone Number / Fax _____

Email Contact: _____

Agent's Signature _____ **Printed Name** _____

Address _____

Phone Number / Fax _____

Email Contact: _____

Direct all correspondence to Monclova Township Zoning Office, 4335 Albon Road, Monclova OH 43542;
Zoning Office at 419-865-7857 or ewagner@monclovatwp.org