



UDO Text Amendment



Tracking Information (Staff Only)

Case Number:	Date:	Article:
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Applicant

Name:	Telephone:
Address:	Fax:
City/State/ZIP:	Email:

Signature/Date _____

Requested Change

Describe what you want to change in the ordinance and why:

Fees (Staff Only)

Date:	Staff:	Account: Account:	Fee:
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