APPLICATION TO AMEND THE CITY CODE OF ORDINANCES

DATE: _____ FEE: ____ APPLICATION #: _____

APPLICANT INFORMATION (Please Print)

Applicant: _____

Address: _____

Daytime Phone: _____

TYPE OF AMENDMENT

New Addition: _____ Revision: _____

ORDINANCE TEXT TO BE AMENDED

Article: _____ Section(s): _____

Current Text:

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Proposed Text:

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Reason For Requested Change:

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APPLICANT'S SIGNATURE **DATE**