

**ZONING DISCLOSURE REQUEST FORM**

DATE: \_\_\_\_\_

TO: CITY OF JOLIET PLANNING DIVISION

PERSON MAKING REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO.: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

TAX NO. OF PROPERTY (PIN): \_\_\_\_\_

PRESENT USE OF PROPERTY:

- Single-family \_\_\_\_\_
- Two-family \_\_\_\_\_
- Three-family \_\_\_\_\_
- Four-family \_\_\_\_\_
- Commercial \_\_\_\_\_
- Other \_\_\_\_\_
- Vacant \_\_\_\_\_

SEND RESPONSE TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WILL PICK UP (by 2:30 p.m.): \_\_\_\_\_