



**REQUEST FOR ZONING CLASSIFICATION
CITY OF MIAMI, OKLAHOMA**

Date: _____

Address Requested: _____

Name & Address of Owner, Realtor, or Person requesting zoning

Phone # _____

Cell Phone # _____

Please check box for preferred return of zoning classification:

- By E-mail: E-mail address _____
- By Fax: Fax # _____
- By Return mail: _____
- By Picking Classification Up: Engineering Office, 129 5th NW, Miami, OK 74354

Zoning
Classification: _____

Community Development Staff Date

PLEASE ALLOW 3 BUSINESS DAYS FOR STAFF TO COMPLETE ZONING CLASSIFICATION