TOWN OF WHITEHALL

REQUEST FOR VARIANCE

Name _____ Phone _____

Address _____

_____

I, _____, request a variance due to;
(PRINT NAME)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Signature) Date

_____

Mayor / Council Approval Date

OFFICE USE ONLY

Notes: _____

_____

_____

_____

_____