Morrisville
Live connected. Live well.

Request for Assessment Inquiry

Date Received:_____

Date Completed:_____

Applicant	**Property Information**
Name:	Name:
Company Name:	Company Name:
Mailing Address:	Physical Address:
E-mail Address:	Parcel Identification Number (PIN):
Phone Number:	REID:

Reason for Request:

Specific Questions/Information Needed

I/We hereby certify that all information furnished in this application is true to the best of my/our knowledge, and have authority to file the application on behalf of the property owner.

_____ _____ _____

Signature Printed Name Date

To Be Completed By The Planning Department

Assessments:	Details:
☐ Yes, see details	
☐ No	
☐ Other, see details	