

CAMDEN COUNTY PLANNING & ZONING

SUNSHINE REQUEST

[Email: pz@camdenmo.org](mailto:pz@camdenmo.org)

Name & Address: _____

Phone Number: _____ Date Submitted _____

Request for Information: (please check one):

[] **Zoning Request** – Please provide Parcel Identification Number(s) Below:
Example: 08 1.0 02.2 000.0 01 019.000 (or 8-1-2.2-0-1-19) /STR 02/39/16

1) _____/STR _____

2) _____/STR _____

3) _____/STR _____

4) _____/STR _____

[] **Records Request – Please provide Permit/File #'s you would like researched**

****NOTE: THERE IS A FEE OF \$0.10/PAGE COPIED + \$10.00/HOUR**

File # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____

According to the Sunshine Law we have three business days to respond to your requests.
Note: Research may require additional time to complete. You will be notified within 3 days.

Please make all checks payable to: Camden County Planning & Zoning.
Thank you for your business.

X
Print _____

X
Sign _____

FOR OFFICE USE ONLY:

Received Date:

Received By:

Completed Date:

Completed By:

\$10.00/HR X _____ HRS = \$ _____

PAID: Cash/Check # _____

\$0.10/COPY X _____ = \$ _____

Total Fee Due = \$ _____

RECEIPT # _____

