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| Seal | **PRE-APP MEETING #** |  |
|  |  |
|  **VIRTUAL NEIGHBORHOOD MEETING REQUEST (ACC 8-7A-3)** |
|  |
| **SITE INFORMATION:** |
|  |
| Site Address: |  | City: |  |
| Tax Parcel Number(s): |  |
|  |  |  |  |
| **REQUEST LETTER:**  |
|  | Briefly describe the overall project. |
|  | Description of factors demonstrating good cause for a virtual meeting. |
|  | * Why the meeting needs to be held virtually and not in-person.
 |
|  | * Why the meeting cannot be held either on-site or within a nearby meeting place.
 |
| **APPLICANT/AGENT:** (Please print) |
| Name: |
| Address: City: State: Zip: |
| Telephone: Email: |
| I certify this information is correct to the best of my knowledge. |  |
| Signature (Applicant) |
|  |
| **OFFICE USE ONLY:** |
| RECEIVED BY: | DATE: | DATE STAMPED:  |
| REVIEWED BY: | DATE: | APPROVED? |