



**2020**  
**VIRGINIA ENTERPRISE ZONE GRANT PROGRAM**  
**Local Zone Administrator Verification**

To be completed by the Local Zone Administrator:

|   |                  |                              |                           |
|---|------------------|------------------------------|---------------------------|
| Physical Address of Applicant Property  | Town/County/City |                              | Zip Code                  |
| Zone Name   | Zone #           | Zone Designation Date<br>/ / | Property Identification # |
| <b>Signature of Local Zone Administrator</b> verifying that the above information is accurate and the applicant property lies within the designated zone. |                  |                              |                           |
| Name of Local Zone Administrator  | Signature        |                              | Date                      |