



LOCAL ZONE ADMINISTRATOR REVIEW FORM

To be completed by zone investor/grant applicant:

Zone Investor/Applicant Name |

Zone Investor/Applicant Email |

Zone Investor/Applicant Phone |

Physical Address of the Property |

Property Identification # |

(specific to each locality; may be called tax ID # or parcel ID)

To be completed by the Local Zone Administrator:

Zone Name & Number |

Zone Designation Date |

I certify that the property of the applicant is located within the boundaries of an Enterprise Zone.

Local Zone Administrator Name |

Local Zone Administrator Signature & Date |