TOWN OF MILFORD PETITION SEEKING RELIEF UNDER SECTION 1.8 OF THE ZONING BY-LAW

To the Zoning Board of Appeals	Date: _	20	
Milford, MA 01757			
The undersigned hereby seeks relief from t	the Zoning Board of A	appeals from the decision of t	:he
		as set forth be	low.
(Insert title of official or Board)			
Applicant:			
(Full Name)	(Address)		
Location of promises:			
Location of premises:			
(IV	ame of Street)		
Owner of premises:			
. ———————— (Full Name		(Address)	
,	-1	(in the coop	
Date of order or decision from which you s	eek relief:		
Date of order of decision from which you s	eck rener.		
Date you requested action			
Attach a copy of your written request.			
Attach a copy of your written request.			
Attach a copy of the official or Board's orde	er or decision from w	nich you seek reliet.	
State the nature of the decision or order w	hich you sought and	the reasons therefore.	
If you sought enforcement action, state wh	nat action you sought	•	
			_

State in detail what action or relief you	seek of the Zoning Board of Appeals
I hereby certify that the above stateme	ents are true to the best of my (our) knowledge and belief.
	Signature
	Address
	Telephone
	Attorney
	Address
	Telephone

PLEASE BE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED FULLY.

IF MORE SPACE IS NECESSARY TO ANSWER ANY QUESTION(S), FEEL FREE TO USE AND ATTACH ADDITIONAL SHEETS.