



Text Amendment Application

OFFICIAL USE ONLY:

UDO Number: _____

Date Filed: _____

Amount Paid: _____

Received By: _____

Contact Information

APPLICANT

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

REQUEST

I, the undersigned, do hereby make application to change the Camden County UDO as herein requested.

Amend Chapter(s) _____ Section(s) _____ as follows:

If needed, additional sheets may be attached.

Petitioner / Applicant

Date