



Community Development Department

MAILING LIST REQUEST

Applicant's Name: _____
Address: _____
Phone: _____
Action requested: _____
Date: _____
Legal Description or address of property: _____

TO WHOM IT MAY CONCERN:

This is to certify that the mailing list requested by the above referenced applicant is needed by the city planning department in order to provide proper notification to surrounding property owners as required by Idaho Code.

Please retain this certification in your records. The Kootenai County Assessor may ask you to verify the need for the mailing list. Please call our office at Ph# 773-8708 if you need additional information.

City of Post Falls
Community Development Department
Planning Division
408 Spokane St.
Post Falls, ID 83854