



PLANNING AND ZONING  
CUSTOMER INQUIRY FORM

City of Lexington  
Planning and Development Office  
300 East Washington Street  
Lexington, VA 24450

We are interested in hearing your concerns, questions, comments, or requests to ensure we continue to provide you with competent, efficient, and quality service. In order for us to properly assist you, the following information must be completed in full. If you do not complete the form or leave blanks, we may not be able to completely address your needs.

**Date:** \_\_\_\_\_ **Nature of Inquiry:** \_\_\_\_\_

\_\_\_\_\_

**Customer Name (printed):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Primary Contact Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Secondary Contact Number:** \_\_\_\_\_

**Comments:**

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**\*\* For Office Use Only\*\***

Report taken by: \_\_\_\_\_ Date received by Staff: \_\_\_\_\_

Reported back to Citizen: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Handled by: \_\_\_\_\_

Appointment date and time (as needed): \_\_\_\_\_

Comments: \_\_\_\_\_