TOWN OF RIPTON

Post Office Box 10
Ripton, Vermont 05766

REQUEST FOR
VERIFICATION OF COMPLIANCE

Applicant's name(s) and mailing address: _____
_____
_____

Telephone: Home: _____ Work: _____

Owner's name(s) and mailing address (if different from applicant's): _____
_____

Telephone: Home: _____ Work: _____

E-911 locatable address: _____
Town highway name: _____

Tax map identification: Map sheet # ____ Map block # ____ Parcel ID# _____
Deed reference/plat record: Book # _____ Page/sheet # _____

Previous owner(s) and date(s) of transfer (if known): _____
_____
_____
_____
_____
_____

If available, the applicant (or owner) should submit as an attachment to this application a copy of that part of the Town tax map on which the property in question is shown. An allowance of ten (10) working days for the Administrative Officer's written response is recommended.

Signature of applicant: _____ Date: _____

Application fee paid: ☐ Amount: $ _____ Response mailed: _____

_____ Date: _____
Administrative Officer

Form RVC-1 (11/30/98) Administrative Officer: E. W. Hanson - (802) 453-3785