



City of Central Falls

State of Rhode Island

CITY OF CENTRAL FALLS

WRITTEN REQUEST FOR INFORMATION

Date Requested: _____ **Person Accepting Application** _____

Person Requesting Information _____

Phone/Cell# _____ **Fax#** _____

Property Location: _____,
Central Falls, RI 02863

Plat _____ **Lot** _____ **Zone** _____ **Lot Area** _____ (psf.)

LIST QUESTIONS HERE (PLEASE DESCRIBE IN DETAIL WHAT YOU WOULD LIKE AND YOUR INTENTIONS).

Please feel free to contact us at (401) 727-7460 Fax (401) 727-7467