



CITY OF CHARLOTTESVILLE
DEPARTMENT OF NEIGHBORHOOD DEVELOPMENT SERVICES
Document Delivery Memorandum

Date: _____

To (Planner or City Contact Name): _____

Applicant (Your Name): _____

Project Name and Number: _____

Total Number of Documents being dropped off: _____

Use the space below to list the documents being dropped off and count

Document	Quantity

Use the space below to describe the nature of these documents and the action you are requesting.