



City of Seminole

P.O. Box 1218 / 401 North Main / Seminole, OK 74818-1218

Telephone: 405-382-4330 Fax: 405-382-8581 Community Services Fax: 405-382-8592

FENCE APPLICATION

Date: _____

(1) Applicant _____

Address _____

Telephone _____

(2) Property Owners (if different than applicant):

(3) Location of Property: _____

(4) Legal Description: _____

(5) Type of fence and where it will be located (front, back, side yards, etc.)

(6) Cost of Improvement: _____

WE THE UNDERSIGNED, DO HEREBY ATTEST THAT THE ABOVE INFORMATION REFLECTS A TRUE AND ACCURATE STATEMENT OF CONDITIONS AND INTENTIONS TO THE BEST OF OUR KNOWLEDGE.

SIGNATURE OF APPLICANT: _____

BY: _____ DATE: _____

ACCEPTED BY: _____