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Code of Ordinances – Supplemental Request Form

Ordinance # _____ Municode Chapter: _____ Section _____ Line: _____

Pick one: Add _____ Change _____ Delete _____

Amendment Requested:

See attached Word Doc: _____

And/or make corrections as follows: _____

Approval/Adoption Date(s):

Zoning: _____ Planning _____ County _____ TB

General: _____ TB 1st Read _____ TB 2nd Read

Publication Date: _____

Effective Date: _____

Sent to Municode: _____

Verified by: _____

Added to Code date: _____