

DEXTER TOWNSHIP APPLICATION FOR ADDRESS

All requested information must be completed.
A separate application for each parcel to be addressed.

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

TAX CODE: **04-** _____

The following must accompany application:

1. A survey or an accurate drawing with all dimensions of subject parcel. If a drawing is being submitted, include current addresses of parcels on either side and across road or street from subject parcel.
2. If parcel does not have a tax code, applicant must obtain code from Washtenaw County Equalization Department, 200 N. Main St., Suite 210 Ann Arbor, MI.
3. If parcel is a newly created parcel from a larger parcel, include the previous tax code and new tax code of parent parcel.

The undersigned states that the foregoing statements and attachments are true and correct to the best of their knowledge and belief.

Date _____ Signature _____

Please allow two weeks from date of application for address to be assigned.

Address assigned _____

Date application was completed _____

By _____

cc: Applicant/owner, Emergency Mgt. Division-Washtenaw County, Chelsea Area Construction Agency and Dexter Fire Dept.

