Parcel Combination Request
Dexter Township
Washtenaw County, Michigan

<u>For official use only</u>			
Date Received:	Initials:		
Date to Assessor:	Initials:		
Date to Equalization:	Initials:		

Owner/Applicant Information					
1. Name(s):					
2. Mailing Address:					
3. City:		4. State:	5. ZIP:		
6. Daytime Phone:		7. Alternate Phone:	hone:		
Parcel Information					
8. Tax Identification Numbers	9. Property Add	iresses	10. Zoning District		
	Certific	cation			
I hereby certify that I am the owner of the above listed properties and that I request the properties, to the extent possible, be combined into one legal description and one property tax identification number.					
Signature of Owner/Applicant		Signature of Co-Owner/Applicant			
(For official use only)					
New Parcel Identification Number(s):					
New Parcel Legal Description:					
Effective Assessing/Tax Year: Assessing Updated: Taxes Update		Taxes Updated:			
Copies: Applicant MLWSA		PBWSA Property File:			
Signature of Township Treasurer/Date		Signature of Township Assessor/Date			

Form DT-A001 Revision Date: 081208