Parcel Combination Request Dexter Township Washtenaw County, Michigan

<u>Official Use Only</u>					
Date Received:					
Effective Assessing/Tax Year:					
Copies:	☐ Applicant ☐ Property File				
	☐ Sewer Authority (as applicable)				

Owner/Applicant Information						
1. Name(s):						
2. Mailing Address:						
3. City:	4. State:	5. ZIP:	5. ZIP:			
6. Daytime Phone:		7. Alternate Phor	ternate Phone:			
Parcel Information						
8. Tax Identification Numbers	9. Property Ac	ldress		10. Zoning District		
Certification						
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/Appli	oont	Signature of Co Owner/Applicant				
Signature of Owner/Applicant Signature of Co-Owner/Applicant (For official use only)						
New Parcel Identification Number:						
New Parcel Legal Description:						
Signature of Township Asses	Signature of Township Treasurer/Date					

Form DT-A001 Revision Date: 071116