

CHARTER TOWNSHIP OF VAN BUREN ADDRESS REQUEST

PROPERTY INFORMATION

PARCEL ID _____ DEVELOPMENT NAME _____
*(If Applicable)

PROPERTY OWNER INFORMATION

PROPERTY OWNER'S NAME CONTACT NUMBER
()

ADDRESS CITY STATE ZIP

PROPERTY OWNER'S SIGNATURE DATE

APPLICANT INFORMATION (TO BE FILLED OUT IF THE APPLICANT IS NOT THE PROPERTY OWNER)

APPLICANT'S NAME CONTACT NUMBER
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ADDRESS CITY STATE ZIP

APPLICANT'S SIGNATURE DATE

HAS THIS PARCEL BEEN CREATED IN THE LAST SIX MONTHS? YES NO

*IF REQUESTING ADDRESSES FOR A SUBDIVISION OR CONDOMINIUM DEVELOPMENT, A RECORDED COPY OF THE PLAT OR MASTER DEED (REFLECTING THE LIBER AND PAGE) IS REQUIRED PRIOR TO THE ISSUANCE OF ADDRESSES.

REASON FOR CREATION OF ADDRESS: _____

ADDRESS ASSIGNED: _____

DATE ASSIGNED: _____

- NOTIFY APPLICANT BY PHONE
- NOTIFY APPLICANT BY MAIL
- ADD ADDRESS TO PLAT BOOK
- ADD TO BS&A
- \$25 FEE PAID

CC: BUILDING DEPT. FILE
ASSESSOR/EQUALIZER
TREASURER
WATER DEPT.
PUBLIC SAFETY
VOTER REGISTRATION/CLERK
JOEL SABIN/GIS