

COMBINATION REQUEST FORM

HILLSDALE TOWNSHIP, HILLSDALE COUNTY

I AM REQUESTING THE FOLLOWING PARCELS TO BE COMBINED

THE PROPERTY CODE NUMBERS ARE AS FOLLOWS:

30-07-_____

30-07-_____

30-07-_____

30-07-_____

30-07-_____

PROPERTY OWNER (PRINT)

PROPERTY OWNER (SIGNATURE)

ADDRESS

DATE

CITY, STATE, ZIP

(_____)_____
DAY TIME PHONE NUMBER

PLEASE RETURN SIGNED FORM WITH ALL THE INFORMATION AS REQUESTED TO:

HILLSDALE TOWNSHIP ZONING ADMINISTRATOR
JACK MCLAIN
1445 S BUNN RD
HILLSDALE, MI 49242

517-437-3212
517-320-0116 (cell)

IF THERE ARE ANY DELINQUENT TAXES DUE AGAINST THE PARCELS REQUESTED TO BE COMBINED, THE COMBINATION WILL NOT BE PROCESSED UNTIL TAXES ARE PAID IN FULL.

THE TITLE ON THE PROPERTIES MUST BE IDENTICAL IN OWNERSHIP IN ORDER TO BE COMBINED.

COMBINATIONS ARE PROCESSED ONCE A YEAR AND MUST BE SUBMITTED NO LATER THAN OCTOBER 30.

COMBINATION APPROVED YES_____ NO_____

TOWNSHIP ZONING ADMINISTRATOR

DATE

TOWNSHIP ASSESSOR

DATE