

ADDRESS APPLICATION

JACKSON COUNTY, MICHIGAN

1. Submit **COPIES** of the four items listed below to the **LEONI TOWNSHIP ASSESSOR**
- a) Proof of Ownership (*copy of deed or current tax bill – must have complete legal description*)
 - b) Tax Identification Number
 - c) Site Plan showing location of the principal building and driveway
 - d) Closest existing addresses to both sides and across the street from property
(*Indicate approximate distance each address is from your drive*)

Please note: assigned addresses are considered final, addresses changes will be subject to additional fees.

Date: _____	Tax Identification Number: _____
Owner Information:	Applicant Information: (<i>If different than owner</i>)
_____ Name	_____ Name
_____ Current Address	_____ Current Address
_____ City, State, Zip	_____ City, State, Zip
_____ Phone	_____ Phone
_____ Email	

<i>JACKSON COUNTY USE ONLY</i>	
Address # Assigned	_____
Date Assigned	_____
Assigned By	_____

Addressing Questions?

Jackson County Street Naming/Address Ordinance Administrator:
120 W Michigan Ave
Jackson MI 49201

Phone (517) 768-6691 Fax (517) 768-6693

addressingadministrator@co.jackson.mi.us