

ASSESSING DEPARTMENT

913 Fifth Street

Michigan Center, Michigan 49254

Phone: (517) 764-4694

Ext: 297, 301, 302

Email: assessingdept@leonitownship.com

Land Combination / Property Boundary Change Application

After filling out, bring in or mail the application to the Assessor's Office at the address listed above.

Owner & Co-Owner Name(s):						
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Parcels to be combined are as follows:						
	Address					
	Address	-				
	Address	-				
	Address					
Parcel #	Address					
I (we) hereby request the combination of the property to single description. I (we) realize that the new combination request.		-				
Are parcels located in a condominium?	Yes	or	No			
If yes, does condominium allow land combinations?	Yes	or	No			
Are parcels in different subdivisions or PUDS?	Yes	or	No			
A Non-Refundable Application Processing Fee: \$50 Existing mortgage/land contract on any parcel? (If yes, please attach written approval from lender)	Yes	or	No			
IMPORTANT: I understand I will be responsible for taxes is submitted. I also understand that all past, as well as cur parcels in order to have the combination processed for this application becomes void, and the fees are forfeited	rent yea the next	ır taxe year.	es, must be paid b	y Decem	ber 31st	on ALL
Owner's Signature:	•	,	Date:			
Co-Owner's Signature:			 Date:			
			Date			
DO NOT WRITE BE	LOW TH	IIS LIN	NE			
Date Application Received: Applic	ation Ac	cepte	d By:			
Fee Paid: Yes or No Amount Received:			Receipt No:			
Current Tax Paid: Yes or No Delinquent Tax Paid	l: Yes	or	No Sewer Bill	Paid: Ye	es or	No
Special Assessment District: Yes or No School D	istrict:					
Zoning: Lender Approva	l Letter <i>i</i>	Attach	ned: Yes or	No		
Parcel Combination Approved: Yes or No Date A	Approve	d:				
Reasons for Denial:						
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