



Address Request Application

Property Information
Parcel I.D. # 12 - _____ - _____ - _____ Development Name (If Applicable): _____
This parcel is accessed from: _____
By a: <input type="checkbox"/> Public Road <input type="checkbox"/> Private Road <input type="checkbox"/> Private Easement
Post Office District: <input type="checkbox"/> Ann Arbor <input type="checkbox"/> Ypsilanti <input type="checkbox"/> Saline <input type="checkbox"/> Milan

Property Owner Information			
(Please Print)			
Property Owner's Name		(_____) Contact Number	
Address	City	State	Zip
Property Owner's Signature	Date		

Applicant Information <i>(to be filled out if the applicant is not the property owner)</i>			
(Please Print)			
Applicant's Name		(_____) Contact Number	
Address	City	State	Zip
Applicant's Signature	Date		

:: OFFICE USE ONLY ::		
Planning Department Approved By _____ Date _____	Assessing Department Assigned Address _____ Assigned By _____ Date _____	Fire Marshall Approved By _____ Date _____

Cc: Assessing Building Clerk
 Public Safety
 Utilities

:: Office Use ::	Time Stamp
Received By: _____ (Initials)	