

APPLICATION TO COMBINE PARCELS

PROPERTY OWNER REQUESTING APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot Nos: \_\_\_\_\_

Parcel I.D. No.: \_\_\_\_\_

(PROOF OF OWNERSHIP MAY BE REQUIRED)

I/We, the undersigned, do hereby request to combine the lots of record in Independence Township, Oakland County, Michigan.

I/We do hereby swear or affirm that all of the statements, signatures and descriptions appearing on and with this request are in all respects true and accurate to the best of my/our knowledge.

SIGNATURE: \_\_\_\_\_  
(Print Below)

SIGNATURE: \_\_\_\_\_  
(Print Below)

NOTARY PUBLIC  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
State of Michigan, County of \_\_\_\_\_

My commission expires on \_\_\_\_\_