



PARCEL BOUNDARY ADJUSTMENT AFFIDAVIT

373 LAKESIDE DRIVE
P.O. BOX 216
GRASS LAKE, MICHIGAN 49240
Phone: (517) 522-8464 Fax: (517) 522-4955
www.grasslakect.com

The undersigned requests application to the Township of Grass Lake to perform a boundary adjustment on the following parcels known as:

PARCEL # _____ ,
PARCEL # _____ ,
PARCEL # _____ ,
PARCEL # _____ ,
PARCEL # _____ ,

Located at _____ ,

Required Attachments:

1. Final legal description(s) of new parcel(s) being created.
2. Scale drawing or survey of newly created parcel with roads/easements, existing structures location, parcels and direction of north indicated.
3. Copy of deed(s) with proper legal descriptions in regard to the boundary line changes.

Authorization: *I also understand I will be responsible for current year taxes due on the individual parcels in the year this Affidavit is submitted.*

Date: _____
Signature: _____
Name of Owner: _____
Address: _____
City, St, Zip: _____
Phone: _____

IMPORTANT, BY AUTHORIZING THIS AFFIDAVIT: I UNDERSTAND THAT ALL PAST, AS WELL AS CURRENT YEAR TAXES, MUST BE PAID BY DECEMBER 31ST ON ALL PARCELS INVOLVED IN ORDER TO HAVE THE BOUNDARY ADJUSTMENT PROCESSED FOR THE NEXT YEAR. IF TAXES ARE NOT PAID BY DECEMBER 31, THIS APPLICATION BECOMES VOID.

DO NOT WRITE BELOW THIS LINE

Assessor's Comments:

Approval Signature and Date: _____

Zoning Administrator's Comments:

Signature and Date: _____

FOR ASSESSOR'S USE:

Parent Parcel(s) Info:

Parcel Number	Acreage/Area	Current S.E.V.	Current Taxable Value
TOTALS (For new Parent Parcel)			

New Parent Parcel(s) Info:

Parcel Number	Acreage/Area	Allocated S.E.V.	Allocated Taxable Value