

FLYNN TOWNSHIP

APPLICATION REQUEST FOR PARCEL COMBINATION

DATE OF APPLICATION REQUEST: _____

REQUIRED COMBINATION FEE OF \$100.00 PAID BY: Check # _____ or by cash _____

I, _____, request the combination of contiguous parcels located in Flynn Township, Sanilac County, MI with the following property identification numbers:

100-_____	100-_____
100-_____	100-_____
100-_____	100-_____
100-_____	100-_____

Should I desire to separate this combined parcel(s) at any time in the future, I will do so according to the Flynn Township Zoning Ordinance and the State of Michigan Land Division Act.

Property owner signature

_____, _____, _____, _____
Street Address City State Zip Code

Home Phone Mobile Phone

FOR FLYNN TOWNSHIP ASSESSOR USE ONLY

The request for the above combination has been
Approved _____ -or- Denied _____

If approved, the parcel numbers above will be retired for the following year and subsequent years. The new parcel number of 100-_____ will be assigned to the newly created parcel. The tax bills for the current year will not reflect the newly combined parcel. This combination will reflect on next years and all subsequent years tax bills.

Assessor signature

Date approved/denied