HILLSDALE COUNTY ADDRESS APPLICATION

Section 1 (to be completed by Applicant)

Name of Property Owner:				
Current Address:				
Contact Person:				
Daytime Phone:				
E-mail Address:				
Parcel#:				
Township:	Section:			
Nearest Intersection:				
Location of Existing Driveway (Nun	nber of feet from nearest inte	rsection. I	nclude site plan,	if available):
If a driveway does not currently include Driveway Permit obtained Type of structure (e.g.: Barn, Resid	from the Hillsdale County Ro	ad Comm	ission.	
Signature (Property Owner/Author	rized Representative)	D	ate	
Address requests will be handled a	as soon as possible, but may t	ake up to	5 business days	for processing.
Section	1 2 (to be completed by Coun	ty Equaliz	zation)	
ADDRESS ASSIGNED FOR LOCATIO	N:			
Please consider this notification to complete and may require a situ necessary, we reserve the right to	e visit to verify the actual p	olacement	t or location of	the driveway. If
By Whom:	Date:			
Date Application Received:	Application Complete:	Yes	No	
If not, Date Applicant Sent Addition	nal Information Request:			
Date Add'l Info Received:	Date Applicant Notific	ed of Add	ress Assignment	: