MUSKEGON CHARTER TOWNSHIP
1990 E APPLE AVE
MUSKEGON, MI 49442
231-777-2555 X306 OR X316

PARCEL # 61 10 __ __ __ - __ __ __ - __ __ __ __ - __ __ $25.00 Fee
OWNER: _____
CONTIGUOUS PARCEL #: 61 10 __ __ __- __ __ __ - __ __ __ __ - __ __

BOUNDARY ADJUSTMENT APPLICATION
FOR CONTIGUOUS TRANSFER OF LAND ONLY

You MUST answer all questions and include all attachments, or the application will be considered invalid.
Bring or mail to: Muskegon Charter Township
Assessing Department

This form must be filed with our office before the sale of the property. On the lines below, fill in where you would like the form sent, after the review has been completed.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

1. LOCATION of parent parcel to be divided:
Address: _____

Section: _____

Legal description of parent parcel prior to adjustment:

_____
_____
_____
_____
_____
_____
_____
(if additional space is needed please attach an additional sheet of paper and staple to form & label parent("before adjustment")

Legal description of parent parcel after adjustment:

_____
_____
_____
_____
_____
_____
_____
(if additional space is needed please attach an additional sheet of paper and staple to form & label ("parent after adjustment")

Legal description of adjacent parcel prior to adjustment:

_____
_____
_____
_____
_____
_____
_____
(If additional space is needed please attach an additional sheet of paper and staple to form & label (adjacent before adjustment)

Legal description of adjacent parcel after adjustment:

_____
_____
_____
_____
_____
_____
_____

(If additional space is needed please attach an additional sheet of paper and staple to form & label (adjacent after adjustment)

2. PROPERTY OWNER Information:

Name: _____ Phone #: _____

Address: _____ City: _____

State: _____ Zip: _____

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