

Circulator signature on back

SPECIAL ASSESSMENT DISTRICT PETITION

We the undersigned property owners in the Township of _____, in the County of _____, State of Michigan,
respectfully petition for the creation of a special assessment district to finance (*indicate the improvement*): _____

1. Complete the heading of the petition before circulating it. 2. Each signer must sign and print his or her first and last name. 3. Each signer must date his or her signature. 4. Each signer must enter his or her full address.

Parcel Number	FOR TOWNSHIP USE Only	Signature of Property owner	Printed Name	Street Address and Post Office	Month	Day	Year
	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
	9.						
	10.						
	11.						
	12.						
	13.						
	14.						
	15.						
	16.						
	17.						
	18.						
	19.						
	20.						

Circulator

Signature of Circulator

_____/_____/_____
Date

Printed Name of Circulator

Complete Address

FOR OFFICE USE

Petitions received on _____

Person receiving petitions: _____

Number of valid signatures on this petition: _____