

**REQUEST FOR COMBINING OR DIVIDING LOTS IN  
A PLAT OR SITE CONDOMINIUM  
IN COOPER CHARTER TOWNSHIP**

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I and/or We, the undersigned, do hereby request the Cooper Township Board to Authorize the Combination or Division of the following described property **for Assessment and Tax purposes.**

*Only: (This does not affect ownership or recorded information at the Register of Deeds office.)*

**Parcel #**

**Address of Parcel:**

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**Owner Name:**

**Phone number:**

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\*\*ALL SPECIAL ASSESSMENTS MUST BE **PAID IN FULL** PRIOR  
TO A COMBINATION OR DIVISION OF PLATTED LAND.\*\*

Owner's Signature: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Enclosed is my \$100.00 fee for this request.

Note: Form must be accompanied by deed, and signatures of all owners on title must sign request. Attach sheet with additional signatures if necessary.  
Also include a scaled drawing of proposed combination or division.