Request for Combining or Dividing Lots in a Plat or Site Condominium in Cooper Charter Township

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:
Owner Name:	Phone #:
Split (survey is require	d) Combination
All Special Assessments must be	paid in full prior to a combination or division of platted land
Owner's Signature:	Date:
Owner's Signature:	Date:
Address:	Phone#
	See current Fee Schedule
signatures if necessary. Als	deed, and signatures of all owners on title. Attach sheet with addition of include a scaled drawing of proposed combination or division. request may result in loss of "lot of record" status.
Assessor Approval :	Date :
Zoning Approval:	Data