



**CITY OF MADISON HEIGHTS
COMMUNITY DEVELOPMENT DEPARTMENT**

REQUEST FOR ADDRESS ASSIGNMENT

DEPARTMENT USE ONLY:

ADDRESS: _____

ASSIGNED ON: _____ BY _____

PARCEL TAX I.D. #: 44 – 25 - - -

THIS PARCEL IS ACCESSED FROM _____ RD.

BY A () PUBLIC ROAD () PRIVATE ROAD () PRIVATE EASEMENT

(IF LOCATION IS NOT A BUILDING (I.E. UTILITY CABINET ETC.), PROVIDE EXACT LOCATION ON REAR OF FORM.)

CURRENT OWNER:

NAME: _____ PHONE _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PREVIOUS OWNER IF PURCHASED IN LAST YEAR:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SIGNED _____ DATE _____

ADDRESS ASSIGNMENTS REQUIRE 5 WORKING DAYS

COPIED TO: ☐ ASSESSING ☐ UTILITIES ☐ BUILDING ☐ GIS ☐ FIRE