



MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042 • 586-992-0710

www.macomb-mi.gov

APPLICATION FOR ADDRESS REQUEST SINGLE RESIDENTIAL ADDRESS ONLY*

*IF REQUESTING MULTIPLE RESIDENTIAL ADDRESSES FOR A DEVELOPMENT,
USE SUBDIVISION/CONDOMINIUM ADDRESS FORM

Parcel Number(s): 08- _____ - _____ - _____

Parcel Street Name: _____

Please submit the following to Crystal Kozak at kozakc@macomb-mi.gov:

- One (1) reduced size plan or survey showing the parcel. (Do not submit a plan larger than 11x17). **ELECTRONIC (PDF) FILE REQUIRED.** If there are several parcels on this plan, please indicate with an "X" on the parcel you need an address for as well as an arrow indicating the direction the building will "front". Please include cross roads that are near your property.

REQUESTOR NAME: _____

Role: ___ Property Owner ___ Other (Property owner must approve via signature)

Owner Signature

Owner Name (if different than Requestor)

Requestor's Address

Requestor's Phone #

Requestor's Email Address

Date Submitted