



NEWAYGO COUNTY

EQUALIZATION

HOUSE NUMBER APPLICATION

Office Use Only
Township/City:
House Number:

Power Company: Date:

Name: Telephone Number:

Mailing Address:

City: State: Zip Code:

Address for-List Type of Structure on Property:

Example: house, modular, mobile home, doublewide, garage, pole bldg, RV, etc

Location of Parcel

Township: Section: Street:

Property Parcel Number (Tax ID):

Legal Description:

Is property to be split? Yes No

Plat: Block No.: Lot No.:

On back side of form, please answer questions & draw location of the house and driveway as they relate to the parcel. Indicate distance of driveway from lot line. Also write the measurements of your parcel.

Signature of Property Owner

Office Use Only

Number Issued: Number Direction Street Name On Map

Post Office: Zip Code: To Customer:

By: Date: Fax Bldg Dept:

NEWAYGO COUNTY EQUALIZATION
1087 E NEWELL ST PO BOX 885
WHITE CLOUD MI 49349
231-689-7244 M-F 8AM-5PM
FAX 231-689-7032

Equalizer:

Report:

Part of? Yes-No