



CHARTER TOWNSHIP OF BRANDON
FORMAL PETITION
SPECIAL ASSESSMENT DISTRICT (SAD)
 SUBMIT TO: TOWNSHIP CLERK
 395 MILL ST, PO BOX 929 – ORTONVILLE, MI 48462
 (248) 627-2851

REQUEST INFORMATION FOR:

<input type="checkbox"/> Private Road Paving	<input type="checkbox"/> Storm or Sanitary Sewer
<input type="checkbox"/> Private Road Maintenance	<input type="checkbox"/> Water System
<input type="checkbox"/> Public Road	<input type="checkbox"/> Lighting System
Other: _____	

We, the undersigned, representing the record owners of more than 50% of the frontage (or of the total land area), within the proposed district, hereby petition the Charter Township of Brandon Board to prepare a formal cost estimate and a formal design for the improvement as described within this petition.

NAME OF PROJECT/DISTRICT: _____	PRINT NAME OF CIRCULATOR: _____
LIST ALL STREETS & BOUNDARIES IN DISTRICT BELOW:	(MUST BE SAD DISTRICT PROPERTY OWNER)

The improvement would be accomplished by Special Assessment in accordance with the provisions and procedures provided in Act No. 188 of Public Acts of 1954 as amended. We understand by signing this Formal Petition that the initiation of a special assessment district will begin after a formal petition is submitted to the Township Clerk within sixty (60) days of the public information meeting. We further understand that the costs and design may be subject to change.

IMPORTANT: Signatures from no less than 51% of the property owners in the district are required prior to proceeding with the preparation of a formal cost estimate and/or a formal design.

#	ADDRESS / SIDWELL NUMBER	PROPERTY OWNER SIGNATURE / PRINTED NAME	DATE SIGNED	✓ ASSESSOR
1.	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>
7.	_____	_____	_____	<input type="checkbox"/>
8.	_____	_____	_____	<input type="checkbox"/>
9.	_____	_____	_____	<input type="checkbox"/>
10.	_____	_____	_____	<input type="checkbox"/>

I HEREBY CERTIFY, I personally circulated this **FORMAL PETITION** and each signature was signed in my presence and further state that to the best of my knowledge each signature is genuine and are the property owners of the land as described on the date signed.

CIRCULATOR'S SIGNATURE: _____	_____	_____	_____
	(NAME)	(PHONE #)	(DATE)



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11.				<input type="checkbox"/>
12.				<input type="checkbox"/>
13.				<input type="checkbox"/>
14.				<input type="checkbox"/>
15.				<input type="checkbox"/>
16.				<input type="checkbox"/>
17.				<input type="checkbox"/>
18.				<input type="checkbox"/>
19.				<input type="checkbox"/>
20.				<input type="checkbox"/>
21.				<input type="checkbox"/>
22.				<input type="checkbox"/>
23.				<input type="checkbox"/>
24.				<input type="checkbox"/>
25.				<input type="checkbox"/>

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		(NAME)	(PHONE #)	(DATE)	
DEPARTMENT REVIEW	FEASIBLE AS SUBMITTED	NOT FEASIBLE	CHANGES REQUIRED	CHANGE REQUIREMENTS:	DATE
ASSESSOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CLERK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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26.				<input type="checkbox"/>
27.				<input type="checkbox"/>
28.				<input type="checkbox"/>
29.				<input type="checkbox"/>
30.				<input type="checkbox"/>
31.				<input type="checkbox"/>
32.				<input type="checkbox"/>
33.				<input type="checkbox"/>
34.				<input type="checkbox"/>
35.				<input type="checkbox"/>
36.				<input type="checkbox"/>
37.				<input type="checkbox"/>
38.				<input type="checkbox"/>
39.				<input type="checkbox"/>
40.				<input type="checkbox"/>

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Other: _____

41.	_____	_____	_____	<input type="checkbox"/>
42.	_____	_____	_____	<input type="checkbox"/>
43.	_____	_____	_____	<input type="checkbox"/>
44.	_____	_____	_____	<input type="checkbox"/>
45.	_____	_____	_____	<input type="checkbox"/>
46.	_____	_____	_____	<input type="checkbox"/>
47.	_____	_____	_____	<input type="checkbox"/>
48.	_____	_____	_____	<input type="checkbox"/>
49.	_____	_____	_____	<input type="checkbox"/>
50.	_____	_____	_____	<input type="checkbox"/>
51.	_____	_____	_____	<input type="checkbox"/>
52.	_____	_____	_____	<input type="checkbox"/>
53.	_____	_____	_____	<input type="checkbox"/>
54.	_____	_____	_____	<input type="checkbox"/>
55.	_____	_____	_____	<input type="checkbox"/>

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(PHONE #)

(DATE)

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57.				<input type="checkbox"/>
58.				<input type="checkbox"/>
59.				<input type="checkbox"/>
60.				<input type="checkbox"/>
61.				<input type="checkbox"/>
62.				<input type="checkbox"/>
63.				<input type="checkbox"/>
64.				<input type="checkbox"/>
65.				<input type="checkbox"/>
66.				<input type="checkbox"/>
67.				<input type="checkbox"/>
68.				<input type="checkbox"/>
69.				<input type="checkbox"/>
70.				<input type="checkbox"/>
71.				<input type="checkbox"/>

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