City of Romulus – New Address Application

Office (734)942-7520 Fax (734)941-5853 Instructions on reverse side

Applicant _____

Property Owner's Signature_____Date_____

Telephone _____

Parcel I.D. #_____

Street Name _____

Cross Streets _____And_____

Temporary Address? Y N

Purpose of address assignment_____

_____

D.P.W. APPROVAL – Attn: K. Hooper

Sanitary _____ Water _____ Septic _____

Approved by: _____ Date:_____

CITY PLANNER APPROVAL – Attn: C. Maise

Approved _____ Not Approved _____

Comments: _____

_____

Reviewed by: _____ Date: _____

ASSESSING APPROVAL

Approved by: _____ Date: _____

Date Sent to: BLDG/INFO TECH/FIRE/POLICE/POST OFFICE _____

Address Assigned _____ **Suite** _____