District Health Department No. 4

LAND DIVISION CERTIFICATION FORM

For: District Health Department No. 4 Environmental Health Division
   □ Alpena      □ Cheboygan   □ Montmorency    □ Presque Isle

Re: ____________________________________________________________

______________________________________________________________

(Location of Property)

Parcel Address: __________________________________________________

Property Owner: __________________________________________________

Owner's Address: ________________________________________________

Owner's Phone: _________________________________________________

Parcel Number: _________________________________________________

Township: _____________________ Range: _____________ Section: ______

This is to certify that a records check of the subject property has been made.

To be completed by the Municipality:

Based on the available information the property:
   (Check all that apply)

   □ was legally divided before July 1, 1995
   □ was legally divided before July 28, 1997. (Date of Land Division Act, as amended)
   □ is a new land division. This proposed land division is not in violation of the Act.

Comments: ______________________________________________________
            _______________________________________________________
            _______________________________________________________

Township Supervisor/Assessor’s Signature ___________________________ Date ______

DHD No. 4 Form No. EH-86 R 4/2010