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: _____

Town: _____ 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 Ace.

Comments: _____

_____

_____

_____

_____ _____

Township Supervisor/Assessor's Signature Date

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

Alpena County
100 Woods Circle
Suite 200
Alpena, MI 49707
(989) 356-4507
Fax (989) 356-3529

Cheboygan County
Doris E. Reid Center
825 S. Huron St.
Suite 1
Cheboygan, MI 49721
(231) 627-8850
Fax (231) 627-9466

Montmorency County
P.O Box 183
12519 State Street
Atlanta, MI 49709
(989) 785-4428
Fax (989)785-2217

Presque Isle County
106 E. Huron St.,
Suite A
Rogers City, MI 49779
(989) 734-4723
Fax (989) 734-3866

www.dhd4.org

Administrative Services
Alpena County
Office