

ADDRESS APPLICATION

JACKSON COUNTY, MICHIGAN

1. Submit **COPIES** of the four items listed below to **CONCORD TOWNSHIP SUPERVISOR**
- a) Proof of Ownership (*copy of deed or current tax bill – must have complete legal description*)
 - b) Tax Identification Number
 - c) Site Plan showing location of the principal building and driveway
 - d) Closest existing addresses to both sides and across the street from property
(Indicate approximate distance each address is from your drive)

Please note: assigned addresses are considered final, addresses changes will be subject to additional fees.

Date: _____		Tax Identification Number: _____	
Owner Information:		Applicant Information: (If different than owner)	
Name _____		Name _____	
Current Address _____		Current Address _____	
City, State, Zip _____		City, State, Zip _____	
Phone _____		Phone _____	
Email _____			

JACKSON COUNTY USE ONLY	
Address # Assigned	_____
Date Assigned	_____
Assigned By	_____

Addressing Questions?

Jackson County Street Naming/Address Ordinance Administrator:
120 W Michigan Ave
Jackson MI 49201

Phone (517) 768-6691 Fax (517) 768-6693

addressingadministrator@co.jackson.mi.us