MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT
NOTIFICATION REGISTRY
ADDITIONAL PROPERTIES LISTING

Name of Applicant: _____
(Last name, First name)

Address of Applicant:_____

I CERTIFY THAT THESE PROPERTIES ARE WITHIN _____ FEET OF MY RESIDENCE AS SUBSTANTIATED BY MY PHYSICIAN'S CERTIFICATION FOR NON-ADJACENT PROPERTIES.

Signature of Applicant: _____ Date: _____

PLEASE TYPE OR PRINT CLEARLY - ILLEGIBLE ENTRIES CANNOT BE INCLUDED ON THE NOTIFICATION REGISTRY.

COUNTY (Use separate sheet for each county)			
			PROPERTY OWNER
CITY	STREET NAME	STREET NUMBER	LAST NAME, FIRST NAME