RAISIN CHARTER TOWNSHIP AUTHORIZATION TO VERIFY POVERTY APPLICATION DATA & TO INSPECT PROPERTY (2025 application)

Parcel Number:	
Property Address:	
I/We,	delines and I/We fully understand the in are complete, true, and correct to f any information contained herein is the year, any and all relief granted by ment roll with penalties and interest shall be considered public record. By n you hereby waive all rights and gs and documentation are subject to ownship Assessing Staff to physically
APPLICANT SIGNATURE:	DATE:
SPOUSE SIGNATURE:	DATE:
OTHER OWNERS:	DATE:
	DATE:

RAISIN CHARTER TOWNSHIP WAIVER OF CONFIDENTIALITY (2025 application)

Parcel Number:	
Property Address:	
my tax returns and related financial documents, in	, hereby consent to the examination of copies of cluding but not limited to those listed below, by the signated agent and by the members of the Raisin
General Homestead P	
financial documents at a duly convened public r Review. By signing this Waiver of Confidentiality giving up any and all possible claims I may have re	formation contained in my tax returns and related meeting of the Raisin Charter Township Board of , I understand and acknowledge that I am forever lative to the disclosure of information contained in ts, which claims may arise pursuant to Internal eral, State or local statute or regulation.
submitting this application and all supporting	is application shall be considered public record. By documentation you hereby waive all rights and ew proceedings and documentation are subject to
I have read this document in its entirety and sign th	nis document of my own free will.
APPLICANT SIGNATURE:	DATE: