

Application # _____ - _____

ASHTABULA TOWNSHIP - ADDRESS NUMBERING INFORMATION APPLICATION

1. Copy of Legal Description **AND** Deed or Survey or Tax Map
2. Is parcel: Recorded ? Y N Being Subdivided? Y N Land Contract? Y N
Parcel # _____ - _____ - _____ - _____ - _____
3. Name of CURRENT* OWNER: _____
4. ROAD the Driveway Fronts on: _____
5. Side of Road Parcel is on: North South East West
6. Amount of ROAD FRONTAGE: _____ Feet Total acreage of parcel: _____
7. Is / Was there a HOUSE, BUILDING, or DRIVEWAY on the parcel? _____
8. Nearest Intersection to your parcel: _____
9. Name of person this number is to be sent to: _____
10. Current Mailing Address: _____

11. Telephone: _____

*****FOR OFFICE USE ONLY*****

NUMBER STREET STREET SUFFIX (AVE CIR CT DR EXT LN PL RD ST) MSAG VERIFIED
ASSIGNED: _____ NAME _____ INCLUDE DIR _____ Y / N

PERMANENT PARCEL #: _____ - _____ - _____ - _____ - _____

_____ # entered on Township Address Map _____ # forwarded to Auditor

_____ # forwarded to 911

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