

PETITION

DATE: _____

The Petition must include the same individuals listed on the Affidavit who are the abutting or adjacent property owners and occupants. Signers must use full legal names, excluding titles, (i.e., Mr./Mrs./Ms.). If the property ownership is under a company name, include the company name along with the name and title of the authorized signatory.

TO: MACOMB COUNTY DEPARTMENT OF ROADS – RIGHT-OF-WAY DEPARTMENT
 117 South Groesbeck Highway, Mount Clemens, Michigan 48043

To Whom It May Concern:

We, the undersigned, freeholders of the _____ City/Township, Macomb County respectfully request the Department of Roads of the County of Macomb, Michigan, to designate the following described county local road as a Natural Beauty Road thereof:

(Description of County Local Road proposed to be designated as a Natural Beauty Road)

TO BE SIGNED BY AT LEAST (25) TWENTY-FIVE FREEHOLDERS IN THE _____ CITY/TOWNSHIP, MACOMB COUNTY, MICHIGAN

SIGNATURE	PRINTED NAME	FULL ADDRESS W/ZIP CODE	DATE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
CIRCULATOR OF PETITION SIGNATURE	PRINTED NAME	FULL ADDRESS AND TELEPHONE NUMBER	DATE

PETITION CONT.

SIGNATURE	PRINTED NAME	FULL ADDRESS W/ZIP CODE	DATE
11.			
12.			
13.			
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CIRCULATOR OF PETITION SIGNATURE	PRINTED NAME	FULL ADDRESS AND TELEPHONE NUMBER	DATE

AFFIDAVIT

List of ALL PROPERTY OWNERS INCLUDING SPOUSES (deed holders) AND OCCUPANTS of land abutting or adjacent to Macomb County Local Road sought to be designated as a Natural Beauty Road. If the property ownership is under a company name, if possible, include the company name along with the name and title of the authorized signator.

STATE OF MICHIGAN) ss
 COUNTY OF MACOMB) ss

I, _____, being first duly sworn, depose and say that the following is a true and correct list of the names and mailing addresses of the freeholders and occupants of each parcel of land abutting the county alley rights-of-way, or portion thereof, sought to be absolutely abandoned and discontinued, being more particularly described as:

(Description of road proposed to be designated as a Natural Beauty Road)

Circulator of Petition Signature

Circulator of Petition Printed Name

Subscribed and sworn to before me this _____ Day of _____, 20_____

 Notary Public, Macomb County, Michigan

Acting in the County of: _____

My Commission Expires: _____

NAME (PLEASE PRINT)	ADDRESS (INCLUDE ZIP CODE)	PROPERTY TAX ID NUMBER
1.		
2.		
3.		
4.		
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6.		
7.		
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10.		
11.		
12.		
13.		
14.		
15.		

AFFIDAVIT – CONT.

(Description of road proposed to be designated as a Natural Beauty Road)

NAME (PLEASE PRINT)	ADDRESS (INCLUDE ZIP CODE)	PROPERTY TAX ID NUMBER
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
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NOTE: THIS LIST MUST ACCOMPANY EACH PETITION FOR THE DESIGNATION OF A COUNTY LOCAL ROAD AS A NATURAL BEAUTY ROAD. USE ADDITIONAL SHEET(S) WHEN NECESSARY.