



# MACOMB TOWNSHIP

## PLANNING DEPARTMENT

54111 BROUGHTON RD  
MACOMB TOWNSHIP  
MICHIGAN 48042

586.992.0710 EXT. 7103

WWW.MACOMB-MI.GOV  
PLANDROPBOX@MACOMB-MI.GOV

### APPLICATION FOR ADDRESS REQUEST METER OR OTHER ADDRESS

Type of Request: \_\_\_\_\_ Electrical Meter \_\_\_\_\_ Water Meter \_\_\_\_\_ Other

Development Name: \_\_\_\_\_

Parcel Number(s): 08-\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Parcel Street Name: \_\_\_\_\_

**Please submit this form and the following information to the Planning Department at:**  
[PlanDropBox@Macomb-mi.gov](mailto:PlanDropBox@Macomb-mi.gov)

- Site Plan or Sketch showing the following:
  - Location of meter/other (please confirm location is on the correct side of the road)
  - Clearly indicate on the sketch the type of meter (or other)
- Written approval from the Water & Sewer Department Superintendent verifying the location (WATER METER ONLY).

REQUESTOR NAME: \_\_\_\_\_

Role: \_\_\_\_ Property Owner \_\_\_\_ Other (Property owner must approve via signature)

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Name (if different than Requestor)

\_\_\_\_\_  
Requestor's Address

\_\_\_\_\_  
Requestor's Phone #

\_\_\_\_\_  
Requestor's Email Address

\_\_\_\_\_  
Date Submitted