

RESPONSIBLE LOCAL AGENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____



Owner's Signature

Designated Agent's Signature

Printed Name

Printed Name

Date

Date

SECTION F: PRINCIPLE RESIDENCE EXEMPTION (PRE)

If applicable, have you rescinded your Principal Residence Exemption? YES NO

*If not, please contact the Assessing Department at: 734-544-4000 ext. 3 or assessing.info@ypsitownship.org

SECTION G: OWNERS CERTIFICATION

I hereby certify that all statements and information provided on this form are true, complete, and correct to the best of my knowledge. I agree to give proof of the information that I have given on this form upon official request.



Owner's Signature

Date