PITTSFIELD CHARTER TOWNSHIP AUTHORIZATION TO VERIFY POVERTY APPLICATION DATA & TO INSPECT PROPERTY (2021 application)

PLEASE READ CAREFULLY:

Parcel Number:	
Property Address:	
I/We,	read this application and the Poverty the contents thereof. I/We declare that and correct to the best of my/our formation contained herein is found to within the year, any and all relied aced back on the assessment roll with
All information accompanying and contained in public record. By submitting this application an hereby waive all rights and expectations of conproceedings and documentation are subject to the Meetings Act.	d all supporting documentation you fidentiality. All Board of Review
I/We also authorize a representative of the Pittsfie to physically inspect my/our property at some poensure accuracy of the property appraisal record car	int during the course of this year to
APPLICANT SIGNATURE:	DATE:
SPOUSE SIGNATURE:	DATE:
OTHER OWNERS:	DATE:
	DATE

PITTSFIELD CHARTER TOWNSHIP WAIVER OF CONFIDENTIALITY (2021 application)

Parcel Number:	
Property Address:	
I/we,	Assessor and/or her designated
Federal Income Tax Returns Michigan Income Tax Returns Senior Citizens Homestead Pro General Homestead Property Ta Statements from Social Security	ax Claim Form
Furthermore, I consent to the discussion of the informat and related financial documents at a duly convened process. Charter Township Board of Review. By signing this understand and acknowledge that I am forever giving a may have relative to the disclosure of information conrelated financial documents, which claims may arise pur Section 6103, and/or any other Federal, State or local states.	public meeting of the Pittsfield is Waiver of Confidentiality, I up any and all possible claims I intained in said tax returns and resuant to Internal Revenue Code
All information accompanying and contained in this public record. By submitting this application and all hereby waive all rights and expectations of confident proceedings and documentation are subject to the pro-Meetings Act.	supporting documentation you tiality. All Board of Review
I have read this document in its entirety and sign this doc	cument of my own free will.
APPLICANT SIGNATURE:	DATE: