

**HOWELL TOWNSHIP**  
**Application for Special Meeting**  
3525 Byron Road Howell, MI 48855  
Phone: 517-546-2817 ext. 108  
Email: [inspector@howelltownshipmi.org](mailto:inspector@howelltownshipmi.org)

Fee: \$900.00

File No.: \_\_\_\_\_

|  |                       |
|--|-----------------------|
| Parcel ID #: 4706-____-____-____             | Date _____            |
| Applicant Name _____ Applicant Address _____ |                       |
| Phone _____                                  | Fax _____ Email _____ |
| Property Owner Name _____                    |                       |
| Phone _____                                  | Fax _____ Email _____ |

|   |                                      |
|---|--------------------------------------|
| Township Board Meeting                  | Township Planning Commission Meeting |
| Requested Meeting Date: _____           | Location of Property: _____          |
| Project: _____                          |                                      |
| Describe Reason for Requesting Meeting: |                                      |

Meeting will be posted once payment is received

Final date will be determined by availability of hall and board members