## **VILLAGE OF BIRCH RUN**

12060 Heath St., P.O. Box 115 Birch Run, MI 48415

Ph: (989) 624-5711 Fax: (989) 624-9681

## **Property Information Request**

Please complete the following information for all property inquiries and fax to (989) 624-9681. To ensure a timely response, you must complete this form in its entirety.

Title Company Info	rmation (to be filled in by Ti	tle Company Representative)	
Date of Request:	Date of Closing:	Date Request Needed:	
Title Company Nan	ne:		
Name of Contact:			
Title Company Add	lress:		
City:	State:	ZIP Code:	
Phone:	Fax:	Email:	
Property Address I	nformation (to be filled in by	y Title Company Representative)	
Property Owner:			
Property Address:			
City:	State:	ZIP Code:	
Parcel Number:			
		in by Village of Birch Run Employee)	
Outstanding Water	r/Sewer Bill: \$		
Water/Sewer Special Assessments: \$		Account Number:	
** NOTE ** A find	al read and billing will need	to be completed at closing to	
		will be responsible for establishing	
_	t and paying the required ut		
-	es (to be filled in by Village of	, ·	
		ssessments and Mowing Invoices): \$	
Outstanding invoice	es (including village special As	ssessments and Mowing invoices). 5	
			<del></del>
Additional Informa	tion (to be filled in by Village	e of Rirch Run Employee)	
Additional informa	tion (to be filled in by village	e of Birch Kun Employee)	
Status of Inquiry (t	o be filled in by Village of Bir	rch Run Employee)	
	on Sent Back to Title Compa		
	ue to Lack of Correct Inform	•	
	led in by Village of Birch Run		
Information Prepar		- Employee/	
Signature:	ica by.	Date:	