



Howard City Special Meeting Request

125 Shaw Street; P.O. Box 510
Howard City, MI 49329

Michael Falcon
Village Manager
Phone: (231) 937-4311
Fax: (231) 937-6643

Section A

Applicant: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Section B

Description of the proposed request.

I (we) the undersigned certify that the information contained on this application form and the required documents attached hereto are to the best of my (our) knowledge true and accurate.

*Owners Signature & Date (if different from applicant)

Applicant's Signature

Date

*The property **owner** must sign this application

Office Use Only

Fee Paid _____ Receipt # _____ Date: _____

Village Manager Signature: _____