

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

NOTICE OF APPEAL AND APPLICATION
(DRAIN CODE - APPORTIONMENT APPEAL)

FILE NO.

In the matter of _____
Name of drain

1. a. I own land in the city township village of _____
in _____ County located in the affected drainage district. The tax parcel identification number
is _____.

b. I represent the city township village district county of _____
having control of a highway.

2. The drain commissioner has apportioned a percentage of benefits for the above-named drain.

3. The apportionment of benefits was reviewed on _____ .
Date

4. I appeal the determination and request that the court appoint a board of review.

I declare under the penalties of perjury that this application has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Attorney signature

Applicant signature

Attorney name (type or print) Bar no.

Applicant name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

Note: This appeal must be filed with the probate court no later than 10 days after the review date in item 3. The court may order you to pay the costs of this appeal pursuant to MCL 280.158.

Do not write below this line - For court use only

Bond is set at \$ _____ .

Date: _____

Authorized signature: _____