



LAND SPLIT Service Application

Please complete and return your application to DTE, at the Regional Center address listed below.

(For DTE use)

Work Order _____

Date Received _____

Return Address:

Mt. Clemens Service Center, 43230 Elizabeth Rd., Clinton Twp. MI 48036

LaDonna Jackson-Right of Way Facilitator-(586) 783-1978

E-mail: ladonna.jackson@dteenergy.com

Property Owner Name: _____

Current Address: _____

Phone Number _____

Name of person to be contacted in case of questions _____

Daytime Phone Number: () _____ Evening Phone Number:() _____

Property/Tax I.D. # _____

City/Township/Village: _____

If assigned by municipality:

Address No.: _____ Street Name: _____

Nearest intersection: _____

Subdivision name: _____

NOTE: The legal owner of the property must sign this application, unless the party acting instead of the legal owner has power of attorney or legal guardianship. Please provide proof of such.

Required Information

- a) **Proof of Ownership** – Recorded Warranty Deed/Land Contract with Title Deed OR Title Insurance Final Policy
- b) **Certified Survey** of Parent Parcel *showing splits*
- c) **Certified Survey** with written description of the proposed splits

NOTE: PLEASE ALLOW 4–6 WEEKS FOR PROCESSING.

Applicant's Signature: _____

Date: _____