

LEXINGTON TOWNSHIP

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Carolyn Misiak, Clerk
Davianna McAllister, Treasurer
John O’Hair, Trustee
William Watson, Trustee

YARD SALE PERMIT APPLICATION

DATE: _____ **FEE:** _____ **PERMIT NUMBER:** _____

APPLICANTS NAME: _____ **PHONE:** _____

APPLICANTS ADDRESS: _____

ADDRESS OF SALE IF DIFFERENT: _____

CROSS STREETS: _____

DATES OF SALE: _____ **TO:** _____

**NAME AND ADDRESSES OF ALL OTHER PERSONS PARTICIPATING IN,
CONTRIBUTING TO OR RECEIVING PROCEEDS FROM THE YARD SALE:**

**THE APPLICANT ACKNOWLEDGES RECEIPT OF A COPY OF THE
LEXINGTON TOWNSHIP YARD SALE ORDINANCE. ALSO, THE APPLICANT
HEREBY STATES THAT THE ABOVE INFORMATION IS TRUE AND GIVEN
IN FULL TO THE BEST OF THEIR KNOWLEDGE AND THAT THIS
APPLICATION WILL BE AMENDED IF ANY ADDITIONAL INFORMATION
BECOMES AVAILABLE.**

SIGNATURE OF APPLICANT

PERMIT ISSUED BY: _____

