LEXINGTON TOWNSHIP

7227 Huron Avenue Suite 200 Lexington, MI 48450 Phone: 810-359-5500 Fax: 810-359-5481

www.lexingtontownship.org

Chad Partaka, Supervisor Doriann Rice, Clerk Davianna McAllister, Treasurer Kristie Jahn, Trustee Chip Milletics, Trustee

YARD SALE PERMIT APPLICATION

DATE:	FEE:	PERMIT NUMBER:
APPLICANTS I	NAME:	PHONE:
APPLICANTS A	ADDRESS:	
ADDRESS OF S	SALE IF DIFFERENT	:
CROSS STREE	TS:	
DATES OF SAI	LE:	TO:
		OTHER PERSONS PARTICIPATING IN, IG PROCEEDS FROM THE YARD SALE:
		CS RECEIPT OF A COPY OF THE
		LE ORDINANCE. ALSO, THE
		AT THE ABOVE INFORMATION IS TRUE
		T OF THEIR KNOWLEDGE AND THAT
	ATION WILL BE AMI N BECOMES AVAILA	ENDED IF ANY ADDITIONAL ABLE.
		SIGNATURE OF APPLICANT
		SIGNATURE OF AFFLICANT
PERMIT ISSUE	ED BY:	