

# Maple River Township

Principal Residence Exemption  
Request for Prior Year(s)  
July/December Board of Review Only

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**Completed by person requesting exemption**

Parcel Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Phone #: \_\_\_\_\_

Date Owned/Occupied: \_\_\_\_\_

Year(s) Requested: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Township Use (do not write below this line)**

PRE-Affidavit Included or on File: \_\_\_\_\_ Yes \_\_\_\_\_ No

Supporting Documents Provided: \_\_\_\_\_ Yes \_\_\_\_\_ No

Documents Provided: \_\_\_\_\_  
(Copy of MI Driver's License, Utility Bills, Income Tax Filing)

Reviewed by: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Board of Review: \_\_\_\_\_ July \_\_\_\_\_ December

Signature: \_\_\_\_\_