Walker Township

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

Completed by person requesting exemption

Parcel Number: _____

Property Address: _____

Owner Name: _____

Owner Phone #: _____

Date Owned/Occupied: _____

Year(s) Requested: _____

Name (printed): _____

Signature: _____

Date: _____

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: _____