Legacy Assessing Services Inc
PO Box 489
Fenton, MI 48430
Phone: (810) 750-1660
legacyassessing@gmail.com

Date:

Parcel ID:

Please complete the survey below and return to the address or email listed above or you may drop it off at City Hall, located at 300 N Mill St.

Owner's Name:		Property Address:			
Year(s) built:					
Construction type (check be	x): wood fra	ame steel fram	me concrete blo	ock poured concrete	
Foundation: slab	crawl b	lock basement	poured base	ement	
Basement finish: Use: Square feet:					
Number of bathrooms:					
Multi-Family - Number of U *In addition, see atta		& Expense Sta	tement.*		
Sprinklers for fire suppress	ion:	Yes	No		
Heat Type: forced air	hot water	space heat	electric	radiant	
Air conditioning: Yes	No				
Type of Lighting: incande	escent mer	rcury LED	fluorescent	sodium	
Roof Cover: shingles	metal	rubber	tar & gravel		
Elevator: Yes	No				
Dock Levelers: Yes	No Nu	mber:			
Craneways: Yes	No				
Electric service:	amps				

Please list any remodeling that has been done and approximate year of completion:

Miscellaneou	s Outbuilding Information	1:	
Garage	Year Built	Shed	Year Built
Pole Barn	Year Built	Shed	Year Built
Other Buildin	gs:		

OWNER'S SIGNATURE:	PHONE NO.	DΔTF·
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