



## Exempt Land Transfer-Boundary Line Change Request

Grantors Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Grantors's Telephone# (     ) \_\_\_\_\_

Grantee's Name: \_\_\_\_\_

Grantee's Address: \_\_\_\_\_

Grantee's Telephone # (     ) \_\_\_\_\_

Parcel Number 41-15- \_\_\_\_\_

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

Parcel Number 41-15- \_\_\_\_\_

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

Please attach copies of the Original Property Descriptions requesting to be re-aligned. Attach copies of newly created parcel descriptions for each parcel involved in the boundary line change. The number of divisions of parent land tract/parcel is not affected due to re-alignment of the boundaries.

Grantor Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Grantee Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Zoning Approval: \_\_\_\_\_ Dated: \_\_\_\_\_