

Dwelling Unit Relinquishment Form -Town of York, Green County

Ordinance #16-03

Name or Names of Relinquisher(s)_____

Number of Dwelling Unit Allotments being Relinquished_____

Tax Number of affected parcel_____

CSM Number (if applicable)_____

Notarized signature(s) of Relinquisher(s)_____

Signature of Notary Public_____

Date_____

Signature of Plan Commission Chairman_____

Date_____

Signature of York Town Board Chairman_____

Date approved by York Town Board_____