
DEPARTMENT OF LAW



REQUEST FOR INFORMATION REGARDING
PURCHASE OF CITY-OWNED PROPERTY

****Please confirm City of Dearborn's ownership of the property at
www.waynecounty.com/pta/

REQUIRED INFORMATION

YOUR NAME: _____

YOUR MAILING
ADDRESS: _____
Street

City, State, Zip code

YOUR DAYTIME PHONE#: _____

YOUR E-MAIL ADDRESS: _____

ADDRESS, TAX ID OR LOCATION OF CITY-OWNED PROPERTY:
(List the adjacent address if the specific lot/property address is unknown)

Have you confirmed the City of Dearborn's ownership of this parcel?

Yes No

RETURN FORM BY MAIL, FAX OR E-MAIL:

City of Dearborn
Department of Law
16901 Michigan Avenue, Ste 14
Dearborn, MI 48126-2967
FAX: 313-943-2469
E-MAIL: cmetz@ci.dearborn.mi.us