

**PROPERTY OWNER NOMINATION FORM**

Name: (please print) <i>CARL P. ROSE SR.</i>	
Address: <i>44314 SATURN DR</i>	Daytime Phone: <i>248. 544-3060</i>
City: <small>48314-3173</small> <i>STERLING HEIGHTS</i>	Email: <i>CARL@MAILCLINICINC.COM</i>

<u>PROPERTY LOCATION:</u>	
Address: <i>285 CLOVERPORT</i>	
City: <i>ROCHESTER HILLS</i>	
Size: (Number of Acres) <i>8</i>	Parcel ID Number (sidwell) <i>70-15-15-405-004</i>

<u>SUGGESTED ACTION:</u> (check all that apply)	
<input type="checkbox"/> Donation of Property	<input type="checkbox"/> Donation of Easement or Development Rights
<input checked="" type="checkbox"/> Fee Simple Purchase	<input type="checkbox"/> Easement or Property Development Rights Purchase
<input checked="" type="checkbox"/> Lease to Purchase	<input type="checkbox"/> Other _____

Are there any existing easements or rights of way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please describe: _____ _____

Are there any other encumbrances or liens on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please describe: _____ _____

**PROPERTY OWNER NOMINATION FORM (continued)**

FEATURES OF PROPERTY (check those that apply to all or part of the property)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Woodland                     | <input type="checkbox"/> Roads/drives enter/bisect property |
| <input type="checkbox"/> Prairie/Meadows                         | <input type="checkbox"/> Cultivated lands (past or present) |
| <input type="checkbox"/> Water body                              | <input type="checkbox"/> Existing structure(s)              |
| <input type="checkbox"/> Rare or endangered plant/animal species | <input type="checkbox"/> Historical site or property        |
| <input checked="" type="checkbox"/> Stream or Water course       | <input type="checkbox"/> Existing foot trails               |
| <input checked="" type="checkbox"/> Wetland                      | <input checked="" type="checkbox"/> Varied topography       |
| <input type="checkbox"/> Adjacent to protected land              | <input type="checkbox"/> Other _____                        |

Are you aware of the existence of any environmental contaminants or concerns associated with the property?  Yes  No

If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

Has a general environmental assessment been conducted of the property by a qualified consultant?  Yes  No

If so, is a copy of the report available for review?  Yes  No

Has a review of the property, for natural areas values, been performed by a recognized expert (biologist, wetlands consultant, ecologist)?


Yes  No

If so, is a copy of the report available for review?  Yes  No

Are City of Rochester Hills staff, Green Space Advisory Board officials, and consultants permitted to visit your property if you are notified prior to the scheduled visit?

Yes  No

PLEASE ALSO ATTACH ANY AVAILABLE PHOTOGRAPHS, AERIAL MAPPING, MAPS, REPORTS, OR OTHER DEPICTIONS OF THE PROPERTY.

  
\_\_\_\_\_  
Signature

9/6/06  
\_\_\_\_\_  
Date

Return To: City Clerk's Office  
City of Rochester Hills  
1000 Rochester Hills Drive  
Rochester Hills, MI 48309

Phone: 248.656.4630  
Fax: 248.656.4744

Final due date for filing: 5:00 pm, Thursday, August 31, 2006