

**CITY OF HAMTRAMCK**  
**3401 EVALINE**  
**HAMTRAMCK, MI 48212**  
**PHONE: (313) 800-5233 Ext. 296**

**Neighbor Mutual Fence Consent Form**

We, the undersigned, do hereby mutually agree as to the location and placement of a partition fence between our properties described below and as indicated on the attached permit application.

Property Owner Name Requesting Fence Permit: (please print)

\_\_\_\_\_

Property Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Signature of Owner: X \_\_\_\_\_

Date: \_\_\_\_\_

AND

Neighbor's Name: (please print)

\_\_\_\_\_

Property Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_