

# CHANGE OF ADDRESS FORM

Township / City: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel Code or Description (make sure all are listed): \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Person Requesting Change:

New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By Phone: (Check One)

Remarks: \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No