

MAILING ADDRESS CHANGE REQUEST FORM

This form is required to be submitted to the Assessor's Office if a change in mailing address is requested.

he Assessor's Office will notify the applicable Township Departments of the change.		DATE:	
LOCK	LOT		QUAL
ROPERTY LOCATION:			
WNER'S NAME OF RECORD _			
	<u>CHANGE T</u>	O NEW MAILING A	ADDRESS:
REET:			
TY:		STATE:	ZIPCODE:
DD IN CARE OF (If applicable)			
ARE OF RELATIONSHIP: f applicable)			_
IGNATURE:			
RINTED NAME _			
ELATIONSHIP: OWNER/OTHER	l.		
ircle one - if OTHER please indicate rela	tionship to owner)		
THIS A RENTAL PROPER	TY?	YES	OR NO
	FOR	R OFFICE USE:	
QUEST MADE IN: PERSON _		MAIL/EMAIL	FAX
SESSOR'S RECORDS UPDATED:	INTITIALS		DATE
LLECTOR'S RECORDS UPDATED:	INTITIALS		DATE
	INITITIALC		DATE
ILITY'S RECORDS UPDATED:	INTITIALS		