

**MAILING ADDRESS CHANGE FORM**

*Return to: Grand Blanc Township Assessment Dept*

*PO Box 1833, Grand Blanc, MI 48480-0057*

(must be filled out completely to be accepted)

**Parcel # :** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Old Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**New Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Person Requesting Change:** \_\_\_\_\_

**(print name)**

**Relationship to Owner:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date Effective:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

**Taken by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IF THIS REQUEST IS FOR A NAME CHANGE YOU MUST  
PRESENT OWNERSHIP DOCUMENTATION TO THE  
ASSESSMENT DEPARTMENT**

EQUALIZER

Processed by: \_\_\_\_\_

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

created date: 1/28/08 pn