

MAILING ADDRESS CHANGE FORM

Parcel #: _____ **Utility Acc't. #** _____

Property Address: _____

Owner Name: _____

Old Mailing Address: _____

New Mailing Address: _____

Change Requested By: _____

(print name)

Phone Number: _____

Signature: _____

Effective Date: _____

Reason for Change: _____

Taken by: _____ **Date:** _____

Return to:
Grand Blanc Township
P.O. Box 1833
Grand Blanc MI 48480-0057

Received By: Assessing _____

DPW _____

Processed by: _____

Processed by: _____

Date Processed: _____

Date Processed: _____