

REQUEST TO CHANGE MAILING ADDRESS FOR TAX BILLS

This request will be used to change the owner's mailing address or the address where the tax bill is sent. This WILL NOT be used to change the ownership name on a parcel. THIS FORM MUST BE SIGNED.

NEW MAILING ADDRESS & CONTACT PHONE NUMBER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARCELS TO BE CHANGED: Please list ALL parcels you would like changed by parcel number. The parcel number can be found on your last tax bill.

PARCEL NUMBER (Ex. 28-03-000-000-00):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF OWNER OR LEGAL REPRESENTATIVE:

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

You can mail this form back to : East Bay Charter Township  
Assessing Department  
1965 N. Three Mile Rd.  
Traverse City, MI 49686

Or Fax to: (231) 922-2094

If you have any questions, please call us at (231) 922-4759. Thank you.

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**OFFICE USE ONLY**

Date Entered: \_\_\_\_\_ By: \_\_\_\_\_