

REQUEST TO CHANGE TAXPAYERS MAILING ADDRESS INFORMATION ON
ASSESSMENT AND TAX BILLING RECORDS

Application is hereby made to the Isabella County Equalization Department to change the address on the assessment roll for the listed parcel.

CITY OR TWP: _____ PARCEL NUMBER: _____

The mailing address currently reads:

Please change mailing address to:

c/o: _____
IN CARE OF NAME

c/o: _____
IN CARE OF NAME (if desired) – NOT for OWNER OF RECORD

Street: _____

Street: _____

City/St/Zip: _____

City/St/Zip: _____

Property Addr: _____
physical address – location of property

Property Addr: _____
physical address – location of property

REQUEST TO CHANGE TAXPAYER/OWNER OF RECORD NAME INFORMATION ON
ASSESSMENT AND TAX BILLING RECORDS

NOTE: This department can only make taxpayers name changes if request is supported with documents such as Deeds, Land Contracts and such. We will need to make copies for our files and to provide to the appropriate assessor.

The owners name currently reads as:

Please change owners name to:

Name: _____
Owner of Record name

Name: _____
Owner of Record name

Change Reason: _____

Doc Liber: _____ Page: _____

Transaction Date: _____

***** The Information Below Is Required To Process The Above Requested Changes *****

This request is being made by: _____
(printed name of property owner)

Date: _____

Signature: _____
(of property owner)

Contact Phone Number: _____

PLEASE COMPLETE AND RETURN TO:

ISABELLA EQUALIZATION DEPT
200 N. MAIN ST.
MT. PLEASANT, MI 48858

Phone: 989.772.0911 x242
Fax: 989.779.9102

Office Use: Changed By: _____ Date: _____ Twp Copy (y/n): _____
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