

CITY OR TWP: \_\_\_\_\_ PARCEL NUMBER: \_\_\_\_\_

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.

The mailing address **currently** reads:

Please **change** mailing address **to**:

c/o: \_\_\_\_\_  
MAILING IN CARE OF NAME ( optional )

c/o: \_\_\_\_\_  
MAILING "IN CARE OF" NAME (if desired) - NOT for OWNER OF RECORD Change

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: 989.317.4074

Fax: 989.779.9102

Email: [equalization@isabellacounty.org](mailto:equalization@isabellacounty.org)

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