

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:**

Mail in care of: c/o _____
(optional) MAILING "IN CARE OF NAME"

Mail in care of: 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

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