TAX BILLING INFORMATION ONLY

MAILING ADDRESS CHANGE REQUEST FORM

Date Received: _____ Received By: _____

Property Owner's Name:

_____

Name of Person Making the Request:*

_____

Property Address:

_____

New Mailing Address:

_____

Reason for the Change:

_____

Phone Number:

_____

*If not the owner, provide documentation stating permission to change the mailing address.

Return to: City of Burton Assessors Office, 4303 S. Center Rd., Burton, MI 48519