



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