

# Mailing Address Change Request

## City of East Jordan

I certify that I am the taxpayer on record for the property/properties known as:

053-  
Parcel Number Address: Property Street Number and Name

053-  
Parcel Number Address: Property Street Number and Name

053-  
Parcel Number Address: Property Street Number and Name

and request that my mailing address be changed to the following:

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I understand that this new mailing address will be in effect for all assessment and tax notices and tax bills until I make a new written request.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reason for address change:

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Questions? Comments? Concerns?  
Please contact the City Assessor's  
office at (231) 350-2727.

Office Use ONLY:

Date Received: \_\_\_\_\_  
Date Changed: \_\_\_\_\_

Return form to: DCAssessing Services, PO Box 337, Charlevoix, MI 49720 or  
City of East Jordan, 201 Main St, PO Box 499, East Jordan, MI 49727