



## Request for Change of Mailing Address

Parcel Number 41- \_\_\_\_\_

Current Mailing Address:

\_\_\_\_\_  
Name  
C/O \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip

New Mailing Address:

\_\_\_\_\_  
Name  
C/O \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip

Reason for change: \_\_\_\_\_  
\_\_\_\_\_

**Please be advised that this request must be signed by the property owner or his/her power of attorney.**

Signature of property owner: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**Please return form to:**

**Ada Township Assessing Department  
P.O. Box 370  
Ada, MI 49301**