



## Request for change of mailing address

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

Current Mailing Address:

Change to mailing address:

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City/ST/Zip

\_\_\_\_\_

City/ST/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