



Request for temporary change of mailing address

For Parcel Number 41-_____

Current Mailing Address:

Temporary mailing address:

Name

Name

Address

Address

Address

Address

City/ST/Zip

City/ST/Zip

Reason for change: _____

NOTE: IT IS THE RESPONSIBILITY OF THE OWNER TO NOTIFY THE TOWNSHIP WHEN TEMPORARILY CHANGING ADDRESSES. YOU ARE ALSO RESPONSABLE TO CHANGE ADDRESS BACK UPON RETURN.

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**