

MAILING ADDRESS CHANGE FOR TAX BILLS

DATE REQUESTED: \_\_\_\_\_

PROPERTY NO: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_ MAIL \_\_\_\_\_ IN OFFICE \_\_\_\_\_ OTHER

FOR OFFICE ONLY

CHANGE COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Please mail change form to: City of Marquette  
300 W Baraga Ave  
Marquette MI 49855  
Attn: Assessing Dept.