

# Change of Mailing Address Request

**No Address changes will be made without a signature, Thank you.**

## Please Mark Appropriate Statement

\_\_\_\_\_ Parcel(s) are not currently receiving Principal Residence Exemption

\_\_\_\_\_ Parcel(s) are currently receiving Principal Residence Exemption and I need to Rescind the exemption. **(Please also include Rescind form)** the form will be on township/city website

\_\_\_\_\_ Parcel(s) are currently receiving Principal Residence Exemption and exemption should remain as is. Please explain: \_\_\_\_\_

**Please provide ALL Tax ID numbers you wish to include in this address change. If Parcel numbers are not listed, they will subsequently not get changed, Thank you.**

Tax ID number(s) 01- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      01- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
01- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      01- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owners Name \_\_\_\_\_

Property Address \_\_\_\_\_

PREVIOUS Mailing Address \_\_\_\_\_

CORRECT Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Owner's Agent      Date

\_\_\_\_\_  
Signature of Owner or Owner's Agent      Phone number in case any questions arise. (P.R.E, etc.)

**Return completed form by mail to address below or email to [treasurer@millentownship.com](mailto:treasurer@millentownship.com).**

Barb Bartlett - Treasurer  
PO Box 145  
Barton City, MI 48705  
989-590-0238

For more information and additional forms please visit: [www.millentownship.com](http://www.millentownship.com)