Mailing Address Change Request

City of Charlevoix Tax Notices and Bills

I certify that I am the taxpayer on record for the property/properties known as:

052-_____ _____
Parcel Number Address: Property Street Number and Name

052-_____ _____
Parcel Number Address: Property Street Number and Name

052-_____ _____
Parcel Number Address: Property Street Number and Name

and request that my mailing address be changed to the following:

_____

_____

_____

I understand that this new mailing address will be in effect for all tax notices and tax bills until I make a new written request.

_____ _____ _____
PRINTED NAME Signature Date

Reason for address change:

_____

_____

_____

Questions? Comments? Concerns? Please contact the City Treasurer's office at (231) 547-3261.

Office Use ONLY:
Date Received: _____
Date Changed: _____

Return form to: City Treasurer's Office, 210 State Street, Charlevoix, MI 49720