ADDRESS CHANGE REQUEST FORM

Information indicating a change in mailing address or ownership has been received for this property. Please complete the following, sign and return it to the Assessing Department. If we do not receive this completed change request form, the address will remain unchanged.

	PARCEL NUM	MBER: B		
PROPERTY	ADDRESS:	- TATE CANCEL SECTION AND ADMINISTRATION AND ADMINI		-
INTEREST I	N PROPERTY:	Owner	Buyer	Seller
<u>CHANGES F</u>	REQUESTED	Other (Plea	ase Specify)	
NAME:	Change to:			
Reaso	on for Change:			
	You may be re-	quired to fill our	t a Property Trai	nsfer Affidavit
MAILING	Change From:			
ADDRESS:				
MAILING	Change To:			
ADDRESS:				
Is this Propert	y a Rental unit?	Yes	NO	
SIGNATURE	:			
PRINT NAMI				
PHONE NUM	IBER:			
Completed By	: Date:		ompleted By: ewer Departmer	Date:
masessing Dep			1	

Telephone: (734) 449-2880 • Fax: (734) 449-0123 • Web Site: <u>www.twp-northfield.org</u>