



APPLICATION FOR CHANGE ADDRESS/NAME CHANGE

If this is a request from a legal entity (i.e. corporation, partnership, LLC, etc.) please do not use this form but submit your request on company stationery with the information listed below and signed by a corporate officer.

Background:

Effective Date of Change: _____

Parcel Number (s): _____

Property Address: _____

*Owners Name: _____

New Mailing Address: _____

Do you want your water billing address changed also: **(Check one below)**

Yes No N/A (Condo)

Daytime Telephone No.: _____

E-mail Address: (optional) _____

Signature of Owner: _____ Date: _____

Reason for Change: (Check boxes that apply and complete information below)

- Moved Date moved: _____
- Rented Property Date rented: _____
- Temporarily away Expected date of return: _____
- Owner deceased Dated deceased: _____ Was a quit claim deed filed? _____
- Owner divorced Date divorced: _____ Was a quit claim deed filed? _____
- Other Please explain: _____

*If you need to change your name, please show documentary proof (i.e., photocopy of a marriage certificate, divorce decree, court order, or deed.)

Have questions or not sure where to start? Visit mason.mi.us or call Customer Service at (517)676-9155 Monday – Friday 8am-9pm.

For Office Use Only

Received By: _____ Date: _____ Provided to Assessing Date: _____

Approved: Yes, Date: _____ No, Reason: _____

Updated Computer System: Yes, Date: _____ No, Reason: _____

Revised 05/05/2021 (Finance)