

## **MAILING ADDRESS CHANGE FORM**

General Information:	Date:	
Name of Taxpayer(s)	Telephone Number	
	<u>4716</u>	
Property Address	Parcel Number (Required)	
Previous Address where notices were sent:		
In Care of		
Street Address		
City	State	Zip Code
New Address where notices are to be sent:		
In Care of		
Street Address		
City	State	Zip Code
Reason for change:		

This form will change the address only of all notices that you should receive from the township. This form cannot be used to add or remove names on a property. Legal documentation such as deeds, land contracts, and death certificates are required for such changes.