



Mailing Change of Address Request

Parcel Number: 03-02- _____ - _____ - _____ Date: _____

Property Address: _____

Mail Future Tax Bills & Assessments to *(your mailing address, not the lender's)*:

Name: _____

Street: _____

City/State/Zip _____

Signature of person filing this form: _____

Name of person filing this form (print): _____

Relationship to Owner: _____

Phone: _____ Email: _____

Return *Signed form by Mail, Fax, or E-mail:**

Casco Township

Fax: 269-639-1991

Email: treasurer@cascotownship.org

Attn: Treasurer

7104 107th Ave.

South Haven, MI 49090

* All address changes **MUST** be signed by the owner or owner's authorized agent to be processed.
Scanned copies of signed forms are acceptable by fax or Email.