City of Bad Axe Tax Bill Mailing Address Change Request

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

<u>3251</u>	
Parcel Number	Address: Property Street Number and Name
3251	
Parcel Number	Address: Property Street Number and Name
3251	
Parcel Number	Address: Property Street Number and Name
I request that my mailing address be change	d to the following:
written request. I understand that this mailing address	s will be in effect for all tax bills until I make a new
	is temporary until, 20,
PRINTED NAME Signa	

Return form to: City of Bad Axe, 300 E. Huron Avenue, Bad Axe, MI 48413 Fax form to: (989)269-2273