AUTHORIZATION TO CHANGE ASSESSMENT/TAX MAILING ADDRESS

CITY OF GRAND HAVEN

Parcel Number: 70-03-____________________

Property Address: ________________________________

Present Mailing Address: ________________________

Requested Mailing Address: _______________________

I, the undersigned, hereby affirm that I am the LEGAL OWNER of the above described property in the CITY OF GRAND HAVEN and hereby authorize the correction of the tax mailing address to that as stated above.

Date: ____________________  Signature of Owner

Return this form to: City of Grand Haven/Assessor's Office
519 Washington
Grand Haven, MI  49417