

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**

