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

CITY OF GRAND HAVEN MICHIGAN