

Clinton Township Assessing Department
Name and/or Address Change Form

Property Number: _____ 16-11- _____

Property Address: _____

CHANGE NAME TO:

* attach documentation (driver's license, marriage license, court judgment, death certificate, etc)

Last Name, First Name:

CHANGE MAILING ADDRESS TO:

Street Number & Name

City: _____ **State:** _____ **Zip:** _____

For applicant:

Authorized by:

Name (Print)

Signature

Date:

Phone number:

For Assessing Department Use only:

Reason: _____

PRE? _____