

# Change of Mailing Address Request

No Address changes will be made without a signature, Thank you.

## Please Mark Appropriate Statement

\_\_\_\_\_ Parcel(s) are not currently receiving Principal Residence Exemption

\_\_\_\_\_ Parcel(s) are currently receiving Principal Residence Exemption and I need to Rescind the exemption. **(Please also include Rescind form)** the form will be on township/city website

\_\_\_\_\_ Parcel(s) are currently receiving Principal Residence Exemption and exemption Should remain as is. Please explain: \_\_\_\_\_

**Please provide ALL Tax ID numbers you wish to include in this address change. If Parcel numbers are not listed, they will subsequently not get changed, Thank you.**

Tax ID number(s) 01- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

01- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

01- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owners Name \_\_\_\_\_

Property Address \_\_\_\_\_

PREVIOUS Mailing Address \_\_\_\_\_

\_\_\_\_\_

CORRECTED Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Owner's Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Owner's Agent

\_\_\_\_\_  
Phone number in case any questions arise. (P.R.E, etc.)

### Return completed form to:

Randy Thompson  
3375 E Dellar Road  
Harrisville, Mi 48740  
989-724-5603

For more information and additional forms please visit: [www.hawestwp.com](http://www.hawestwp.com)