

NAME & ADDRESS CHANGE FORM

City of New Baltimore 36535 Green St., New Baltimore Mi 48047

Phone -586-725-2151 or Fax - 586-725-6927

THERE ARE NO CHANGES MADE WITHOUT WRITTEN NOTICE.

In order to keep our records as accurate as possible, please complete the form below and indicate the address to which you desire all City correspondence, tax bills, assessment notices, utility bills, etc., to be sent. Please submit separate forms for each parcel to the City of New Baltimore Assessing Department by US Mail or Fax (listed above) or by Email to hschroeder@cityofnewbaltimore.org or emmag@cityofnewbaltimore.org

Please Print

TAX CODE (Property ID) : 06- ____ - ____ - ____ - ____

Physical Property Address: _____

PLEASE INDICATE IF THE ABOVE ADDRESS IS YOUR PRIMARY RESIDENCE (HOMESTEAD)

YES: _____ NO: _____

Reminder – Your Principle Residence Exemption (PRE) may only be claimed if you own and occupy the premises.

CURRENT INFORMATION ON RECORD

Owner(s) Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

NEW INFORMATION

Owner(s) Name: _____
(for Tax Billing Purposes Only. Does not legally change ownership)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Utility Bills (if applicable) Contact Name & Phone: _____

Send to: Property Address Owners Address

Other Address: _____

AUTHORIZATION

Date: _____ Reason for Change: _____

Authorized Signature: _____ Phone: _____