

ALMENA TOWNSHIP ADDRESS UPDATE FORM

PARCEL ID #: _____

ADDRESS WHERE PROPERTY IS LOCATED:

PROPERTY OWNER

STREET ADDRESS

CITY, STATE ZIP

ADDRESS WHERE TAX BILLS SHOULD BE SENT:

ENTER "SAME" IF MAILING ADDRESS IS SAME AS PROPERTY ADDRESS

OWNER RESPONSIBLE FOR TAXES

ADDRESS

CITY, STATE ZIP

SIGNATURE OF OWNER OR AGENT: _____ DATE: _____

WHEN COMPLETED PLEASE RETURN TO THE TOWNSHIP.

CONTACT INFORMATION FOR QUESTIONS OR CLARIFICATION:

NAME: _____

PHONE: _____

EMAIL: _____