Date:_____

Change of Address

Parcel #: _ _ _-_ _-_ _-_ _ _-_ _ _-_ _

Name: _____

Old Address: _____

_____

New Address: _____

_____

Please change my address on: (Circle all that apply)

My Tax Bill My Sewer Bill

Other Correspondence from the Township

Signature: _____

***Please return completed forms to:
Columbia Township
8500 Jefferson Road
Brooklyn, MI 49230

Address changes CANNOT be made until this form is returned to Columbia Township