

**CITY OF HOWELL**

**Request for Change of Mailing Address**

**Date:**

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**Property Type:**

Residential \_\_\_\_\_ Commercial/Industrial \_\_\_\_\_ Personal Property \_\_\_\_\_

**Parcel Number 4717-** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Change mailing address to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I no longer occupy this property:** \_\_\_\_\_

**I wish to rescind my principal residence exemption:** \_\_\_\_\_

**I wish to change the water billing mailing address also:** \_\_\_\_\_

**Phone contact number** \_\_\_\_\_

**Signature of Requestor** \_\_\_\_\_

**Submit form to: City of Howell  
Assessors Office  
611 E Grand River  
Howell, MI 48843  
517-540-6708**