

MAILING ADDRESS CHANGE REQUEST FORM

Name of the current property owner: _____

Please print

Telephone number during normal working hours: _____

Old address: _____ New address: _____

List the numbers of those parcels on which the mailing address should be corrected. (The parcel number can be obtained from the tax bill. *Example: 004-01823.005 can be written as 4-1823.5*)

<u>Parcel Number (s)</u>		<u>Property Address if different than on last tax statement</u>	
_____	_____	Pcl # _____	_____
_____	_____	Pcl # _____	_____
_____	_____	Pcl # _____	_____
_____	_____	Pcl # _____	_____
_____	_____	Pcl # _____	_____
_____	_____	Pcl # _____	_____

If you need more space, please attach additional sheet(s). We will only change the address for those parcels you list on this form.

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If we have any questions regarding this request, we will try to contact you by phone. If we cannot reach you, we will return the form to the address listed above.

Property Owner's Signature

Date of Signature

Once this form has been signed by one of the current property owners return it to:

Marinette County Land Information
Property Listing Division
1926 Hall Ave
Marinette WI 54143-1717

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For internal use only.

Date request was received: _____