



**REQUEST TO CHANGE
MAILING ADDRESS
Assessing
City of Zeeland**

Community Development Department
21 S ELM ST- ZEE LAND, MI 49464
Pho ne 616-772-0872 - Fa x 616-772-0880
buildinginspector@cityofzeeland.com
www.cityofzeeland.com

Parcel Number: 70-_____

Property Address: _____

Present Mailing Address:

Address

City

State

Zip

Requested Mailing Address:

Address

City

State

Zip

I, the undersigned, hereby affirm that I am the owner or authorized agent of the above described property and hereby authorized the correction of the tax mailing address to that stated above.

Signature

Date

Printed Name

Phone

If signed by property owner's agent, what is the relationship to the owner?
