

# Address Change Request Form

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Date \_\_\_\_\_

Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner Name \_\_\_\_\_

Physical Property Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Old Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owners Signature:

\_\_\_\_\_

(For persons other than the owner, please provide the necessary documentation)

**Fill out the form & mail signed copy to:**  
Lexington Township Tax Assessment Department  
Attn: Address Change  
7227 Huron Ave. STE 200  
Lexington, MI 48450  
**OR**  
**email: [admin@lexingtontownship.org](mailto:admin@lexingtontownship.org)**