



Address Change Form

Property Address: _____

Parcel Number: 70-03-_____

Owner Name: _____

Owner phone number: _____

Owner email address: _____

Change mailing address to: _____

Effective Date: _____

Requested by: _____
(Print name of person requesting)

Signature of person requesting: _____

Date: _____

Return to: Spring Lake Township
Attention Assessing/Water/Sewer
101 S Buchanan St
Spring Lake, MI 49456

Email to dnorth@springlaketwp.org

