

NOTIFICATION OF NAME AND/OR ADDRESS CHANGES

PARCEL ID NUMBER (if known): _____

NAME AS SHOULD APPEAR ON BILL: _____

ADDRESS OF PROPERTY: _____

MAILING ADDRESS **ONLY** IF DIFFERENT FROM PROPERTY ADDRESS:

SIGN NAME: _____ DATE: _____

PRINT NAME: _____ PHONE: _____

THANK YOU

CITY OF KEEGO HARBOR

PHONE:248-682-1930 FAX:248-682-2008

2025 BEECHMONT ST KEEGO HARBOR MI 48320

INTERNAL USE ONLY

LAMS: _____

BUILDING: _____

SCANNED: _____