

Alcona County Equalization Department

Change of Mailing Address Request

No Address changes will be made without a signature, Thank you.

Tax ID # _____ - _____ - _____ - _____ - _____

Owners name _____

Property Address _____

Old Mailing Address _____

New Mailing Address _____

Please Mark Appropriate Statement

___ This change **DOES** affect my Principal Residence Exemption. Please provide a Request to Rescind Principal Exemption Affidavit. (ex: moving from above Property address to another residence)

___ This change **DOES NOT** affect my Principal Residence Exemption. I understand I am being required to submit proof of my resident status. (ex: you do not live at the above Property address)

Signature of Owner or Owner's Agent

Date

Signature of Owner or Owner's Agent

Return complete form to:

Alcona County Equalization Dept.
PO Box 322
Harrisville, MI 48740
989-724-9430

For more information and additional forms please visit our website at:
Alconacountymi.com under the Equalization Department page.