



CITY OF TRAVERSE CITY

ADDRESS CHANGE REQUEST FORM

Date: _____

Parcel #: 28-51- _____

45-51- _____

Address: _____

Name: _____

Phone: _____

Email: _____

Change Address to: _____

Requested by: _____

Phone Request In Person Mail

Initials (who took request): _____

Verified: Treasurer Assessor