

BERRIEN COUNTY CHANGE OF NAME/ADDRESS REQUEST FORM

PLEASE PRINT CLEARLY

PARCEL # _____ PROPERTY STREET ADDRESS: _____

OWNER NAME: _____

OWNER NAME2: _____

C/O NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE1: _____ PHONE2: _____

REASON FOR CHANGE: _____

SIGNED: _____ DATE: _____

DATE REQUEST RECEIVED: _____ REQUEST TAKEN BY: _____ IN PERSON TELEPHONE

FOR OFFICE USE ONLY

DATE CHANGES RECEIVED BY: ASSESSOR _____ BC LAND DESCRIPTION _____

NOTES: _____

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