

City of Alma Address/Name Change Form



Effective Date of Change			
Parcel Number (s)	29-51-___-___-___		
Property Address			
Please select the box next to the change you wish to make:			
<input type="checkbox"/> New Mailing Address			
Old Address:			
	Address, City, State & Zip		
New Address:			
	Street Address		
	City, State & Zip		
<input type="checkbox"/> **Name			
	Former name is only required if you are requesting a name change.		
Former Name:			
Current/New Name:			
Please complete other contact information			
Daytime Telephone No.:			
E-mail Address:			
Other services to be changed?	Taxes <input type="checkbox"/>	Utilities <input type="checkbox"/>	Invoices <input type="checkbox"/> Assessment Notices <input type="checkbox"/>
Reasons for change:		(Check boxes that apply and complete the information below)	
<input type="checkbox"/>	Moved	Date Moved:	
<input type="checkbox"/>	Renting Property	Date Renting:	
<input type="checkbox"/>	Temporarily away	Expected date of return:	
<input type="checkbox"/>	Owner deceased	Date deceased:	Was a quit claim filed? Y / N
<input type="checkbox"/>	Owner divorced	Date divorced:	Was a quit claim filed? Y / N
<input type="checkbox"/>	Owner married	Date married:	Was a quit claim filed? Y / N
<input type="checkbox"/>	Other	Explain:	
**Name changes require documentary proof (i.e., deed, photocopy of marriage certificate, court order or driver's license).			
Signature:		Date:	