

CITY OF



ORCHARD LAKE VILLAGE

3955 ORCHARD LAKE RD. ORCHARD LAKE, MI 48323
(248) 682-2400 fax (248) 682-1308
www.cityoforchardlake.com

REQUEST FOR CHANGE OF MAILING ADDRESS

Date: _____

PROPERTY INFORMATION: (Please print)

Parcel #: _____

Parcel Address: _____

Property Type: Residential Commercial/Industrial Personal Property

Owner name(s): _____

NEW MAILING ADDRESS: (Please print)

REQUESTOR INFORMATION: (Please print)

Name: _____

Signature: _____ Phone Number: _____

Title (select one): Owner Personal Representative Trustee

LLC Member _____
(Name of LLC)

Other _____

NOTE: Authorization papers must be attached if requestor is other than property owner.

COMMENTS:

