## City of Mount Clemens CHANGE OF ADDRESS FORM TAXES

DATE\_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

PROPERTY ADDRESS IN MOUNT CLEMENS	
IN MOUNT CLEMENS	
PLEASE CIRCLE ONE EACH	
NEW/CURRNT - OWNER/TENANT	
NAME	
MAILING ADDRESS	
PHONE NUMBER	
PRIMARY	ALTERNATE
T KIIVII IK I	NETERINTE
SIGNATURE	PRINT NAME
CHANGE	OF ADDRESS FORM TAXES
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PROPERTY ADDRESS	
IN MOUNT CLEMENS	
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