

CASS COUNTY ADDRESS CHANGE REQUEST

Property ID # _____ Taxpayer # _____
Property ID # _____ Taxpayer # _____
Property ID # _____ Taxpayer # _____
Property ID # _____ Taxpayer # _____
Property ID # _____ Taxpayer # _____
Property ID # _____ Taxpayer # _____

NAME: _____

NEW ADDRESS: _____

(optional)
PHONE NUMBER _____

EMAIL ADDRESS _____

OFFICE USE

Requested By: _____

Date: _____

Phone Mail E-Mail In Person

By: _____
Deputy