

**White Lake Township**  
Tax billing address change form

PROPERTY ADDRESS: \_\_\_\_\_  
White Lake, MI

PARCEL ID: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**NEW MAILING ADDRESS:**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
(Street) & (City)

POSTAL CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

REASON FOR CHANGE: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

DATE: \_\_\_\_\_

If you moved after January 1<sup>ST</sup>, your Principle Residence Exemption will be removed for the following tax year. **The State of Michigan requires the Rescind form to be filed within 90 days of a change in your principle residence.**

RETURN THIS FORM TO:

White Lake Township  
Assessing Department  
7525 Highland Road  
White Lake, MI 48383