



TOWNSHIP OF SOMERSET

P.O. Box 69 ~ 12715 E. Chicago Road
Somerset Center, Michigan 49282
Phone: 517-688-9223 Fax: 517-688-9132
Assessing Dept hours: Mon 9-12, 1-5 also Tue & Wed 9-12

REQUEST FOR CHANGE

I, _____, hereby request that the Somerset
print name here

Township Assessor makes the following changes to the Township Assessment / Tax

Rolls as of this date.

Parcel Identification Number: 30-04- _____ - _____ - _____

Check boxes that apply: (print changes)

Remove name: _____

Add name: _____

Change name: _____

Address change

Street: _____

City: _____ Zip: _____

Extra Name and Address if Taxpayer different than Owner:

Name: _____

Street: _____

City: _____ Zip: _____

TYPE OF DOCUMENT ATTACHED FOR VERIFICATION

- Death Certificate
- Marriage License
- Deed
- Divorce Decree/Judgment

Signature: _____ Date: ____/____/____