



# CHANGE OF ADDRESS FORM

**THERE ARE NO CHANGES MADE WITHOUT WRITTEN NOTICE**  
**THIS REQUEST MAY REQUIRE FUTHER CORESPONDENCE WITH THE ASSESSING**  
**DEPARTMENT**

**PLEASE PRINT**

2911 Dorr Road  
Brighton, MI 48116  
810.227.5225  
810.227.3420 fax  
genoa.org

Property ID (Parcel Number) 4711- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner Name \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Please indicate if the above address is your primary residence**

Yes \_\_\_\_\_ No \_\_\_\_\_

If your address is different than above you **CANNOT** receive a **PRINCIPAL RESIDENCE EXEMPTION (PRE)** on this property. **REMINDER- TO QUALIFY FOR A PRE YOU MUST OWN AND OCCUPY THE RESIDENCE.** Please state any special circumstances for this change in which you should still receive a **PRE** on this property. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **CHANGE**

Name \_\_\_\_\_

Reason \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **SUPERVISOR**

Bill Rogers

### **CLERK**

Paulette A. Skolarus

### **TREASURER**

Robin L. Hunt

### **TRUSTEES**

Jean W. Ledford

Terry Croft

Diana Lowe

Jeff Dhaenens

### **MANAGER**

Kelly VanMarter