

# Cass County Michigan Tax Bill Mailing Address Change Request Form

Property Parcel # \_\_\_\_\_

Please provide the following information for the Mailing Address Change.

New Mailing Address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Tax Bill Address \*\* (To mail second copy of tax bill)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person(s) Requesting the Mailing Address Change:

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

\*Please feel free to contact the Cass County Equalization Department with questions.  
(269) 445-4442 or email to [addresschanges@cassco.org](mailto:addresschanges@cassco.org)

Submit your completed form in one of the ways below:

- via email to [addresschanges@cassco.org](mailto:addresschanges@cassco.org)
- fax it to 269-445-4495
- Return to: Cass County Equalization Department  
120 N. Broadway Suite 111, Cassopolis, MI 49031