



## Name/Address Change Form

Village of Mayville  
6043 Fulton Street  
PO Box 219  
Mayville MI 48744  
989.843.6423 phone  
989.843.0123 fax

[www.villageofmayville.net](http://www.villageofmayville.net)

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

Name/Address to be Changed From:

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name/Address to be Changed To:

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

Parcel Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_