



City of St. Louis, Michigan

300 N. Mill Street, St. Louis, MI 48880
Ph. 989-681-2137 * Fax 989-681-3842

Change of Address Form

Owner Name: _____

Service Address: _____

Parcel #: _____

New Mailing Address: _____

Phone #: _____

**Please checkmark below the departments that will need the change of address

Assessing/Taxes

Utility Billing

Signature _____ Date: _____

**Make copies of the form and disburse to the proper department. Each department will keep their own file on the address change

[Shared \(p:\)/forms/change of address form \(all departments\)](#)