

# CITY OF BELLEVILLE

## ADDRESS CHANGE FORM

OWNER  
NAME

\_\_\_\_\_

\_\_\_\_\_

PROPERTY  
ADDRESS

\_\_\_\_\_

\_\_\_\_\_

PARCEL  
NUMBER

\_\_\_\_\_

\_\_\_\_\_

NEW MAILING ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OWNER  
SIGNATRE

\_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_