

TOWN OF DELAVAN
REQUEST TO CHANGE MAILING ADDRESS

All request to change a mailing address must be submitted in writing by the property owner. If you have any questions, please contact Dixie Bernstein at 262-728-3471 or clerk@townofdelavan.com

List the Tax Key Number(s) of all the parcels for which the mailing address should be changed. You will find the Tax Key Number(s) on your tax bill(s).

Owner of Record _____

Current Address _____

New Address _____

Person Requesting Address Change _____

If you are not the Owner of the tax parcel(s) listed above, please indicate why you have authorization to change the address.

Daytime Phone Number _____

E-Mail Address _____

Property Owner's Signature

Date

Return this form to:
5621 TOWN HALL ROAD
DELAVAN WI 53115
FAX: 262-728-3473 OR EMAIL: CLERK@TOWNOFDELAVAN.COM

For Office Use Only		
Request made by:		
_____ Town Staff	_____ Plan Commission	_____ Property Owner
_____ Approved	_____ Not Approved	_____ Sent To County
Notes:		