

DESIGNATED AGENT REQUEST
FOR PAYMENT OF TAXES

*TO BE FILLED OUT BY PROPERTY OWNER ONLY.

PARCEL ID# _____

OWNER NAME & ADDRESS:

TAX PAYER NAME & ADDRESS:

PROPERTY ADDRESS:

OWNERS SIGNATURE: _____

DATE: _____

OWNERS DAYTIME PHONE # _____

*All information must be filled in completely for changes to be made.
Return form to: Branch County Equalization Department
23 E. Pearl St.
Coldwater, MI 49036
Phone 517-279-4312
Fax 517-279-6494