



Please Return completed form to Municipal Bank Trust Department

RE: CHANGE OF MAILING ADDRESS FOR TAX BILLS

TRUST NO. _____

PROPERTY ID NUMBER (S): _____

Please arrange to have the real estate tax bills on the above-noted property sent

To:

Municipal Trust & Savings Bank

Other _____

By signing below you are authorizing **Municipal Trust & Savings Bank**, as Trustee, to have the mailing address changed on the **County Tax Records** for the parcels listed above. Parcel numbers are required and can be found on your taxbill. The address change will only apply to the property ID number(s) you present to the bank.

DATE: _____

Authorized Signature

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