GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

_____,
Petitioner(s)

v

_____,
Respondent(s)

MICHIGAN TAX TRIBUNAL

MTT Docket No._____

CHANGE IN CONTACT INFORMATION

Use this form to report changes in contact information for the purposes of service. This form must be completed in every case a change is required. Complete all sections that apply. The completed form must be filed with the Tribunal and served on the opposing party or their representative. A proof of service may be found on the second page.

1. I am ☐ a party. ☐ an attorney or authorized representative for a party.

2. My new firm:

Firm Name		
Address		
City	State	Zip

3. My name has changed:

My current name:

My former name:

4. My new or corrected mailing address is:

Address		
City	State	Zip

5. My new or corrected telephone number is:

6. My new or corrected e-mail address is:

_____
Signature

_____
[Print/type name of person signing]

PROOF OF SERVICE

I certify that on this date I served a copy of this Change of Contact Information on the opposing party or their representative.

_____ _____

Date Signature