



# Mailing Address Change Request

For more information visit the City's Website: [www.westalliswi.gov](http://www.westalliswi.gov)

**PLEASE PLACE A CHECKMARK ON ALL AREAS THAT SHOULD BE CHANGED.**

<b>Water Utility</b>	<b>WATER BILLS:</b> <input type="checkbox"/> Printed <input type="checkbox"/> E-mailed <input type="checkbox"/> Both <small>Only the name(s) on the water bill account can access information regarding the account without a signed release form on file. For a Release Form, contact the <b>Water Dept at (414) 302-8245.</b></small>
<b>Fire Inspections</b>	<input type="checkbox"/> <b>COMMERCIAL, APARTMENTS/3+MULTI-FAMILY, CONDOS, &amp; EXEMPT PROPERTIES</b>
<b>Assessor</b>	<input type="checkbox"/> <b>TAX BILLS</b> <input type="checkbox"/> <b>ALL CITY CORRESPONDENCE</b>
<b>Property Owner Registration</b>	<input type="checkbox"/> <b>ALL COMMERCIAL, RENTALS (RESIDENTIAL) PROPERTIES</b> <small>If not registered, contact <b>Building Inspections at (414) 302-8400.</b></small>

## ACCOUNT INFORMATION

Water Acct #	Property Address(es)	Tax Key Number(s)

## NEW MAILING ADDRESS

<b>NAME(S):</b>	
<b>STREET ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>EMAIL:</b>	

## REQUESTOR INFORMATION

<b>PRINT NAME:</b>	<input type="checkbox"/> <b>Owner</b> <input type="checkbox"/> <b>Property Mgt Co</b> <input type="checkbox"/> <b>Power of Attorney</b>		
<b>PLEASE SIGN HERE:</b>		<b>PHONE #:</b>	
<b>MAIL TO:</b>		<b>DATE:</b>	
<b>MAIL TO:</b>	<b>City of West Allis</b> <b>Assessor's Office</b> <b>7525 W Greenfield Ave</b> <b>West Allis, WI 53214</b>	<b>EMAIL:</b>	<b><a href="mailto:addresschange@westalliswi.gov">addresschange@westalliswi.gov</a></b>
		<b>FAX:</b>	<b>414.302.8238</b>

**WARNING: Change will NOT be processed without Signature and Phone Number. Also, if Property Mgt Co or Power of Attorney, you must provide documentation.**