



CITY OF DETROIT
 OFFICE OF THE CHIEF FINANCIAL OFFICER
 OFFICE OF THE ASSESSOR
 SPECIAL PROCESSING AND VALUATION SUPPORT

COLEMAN A. YOUNG MUNICIPAL CENTER
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 DETROIT, MI 48226
 PHONE 313•224•3035
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 WWW.DETROITMI.GOV

**PROPERTY OWNER AND/OR TAXPAYER
 CHANGE OF ADDRESS FORM**

REQUIRED DOCUMENTS

PERSONAL: COPY OF DRIVER'S LICENSE OR IDENTIFICATION CARD
COMPANY: COPY OF LLC

Parcel ID: _____ Property Address: _____

PRINT PROPERTY OWNER INFORMATION BELOW:

Owner First Name	M.I.	Last Name	
Mailing Address			
City	State	Zip Code	Telephone Number

**IF TAX BILL SHOULD BE SENT TO OTHER THAN OWNER,
 PRINT INFORMATION OF PERSON TO RECEIVE BILL BELOW:**

Taxpayer First Name	M.I.	Last Name
Mailing Address		
City	State	Zip Code

SIGNATURE OF PERSON AUTHORIZING CHANGE (REQUIRED) PRINT NAME HERE

FOR OFFICE USE ONLY:

Date Received:	Change Made By:
VERIFICATION ATTACHED: <input type="checkbox"/> Deed <input type="checkbox"/> Probate/POA <input type="checkbox"/> State ID/Driver's License <input type="checkbox"/> Other _____	