



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

**REQUIRED DOCUMENTS**

<b>INDIVIDUAL:</b>	<b>COPY OF DRIVER'S LICENSE OR IDENTIFICATION CARD</b>
<b>CORPORATION:</b>	<b>REQUEST FROM AUTHORIZED SIGNATORY ON LETTERHEAD, COPY OF ARTICLES OF INCORPORATION OR ORGANIZATION</b>
<b>LIMITED LIABILITY COMPANY (LLC):</b>	<b>COPY OF CERTIFICATE</b>

	PARCEL ID	PROPERTY ADDRESS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**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:  Deed  Probate/POA  State ID/Driver's License  Other \_\_\_\_\_

**You May Submit this Form To [AssessorsSpecialProcessing@detroitmi.gov](mailto:AssessorsSpecialProcessing@detroitmi.gov)**