



OFFICE OF THE CHIEF FINANCIAL OFFICER
Office of the Assessor

Coleman A. Young Municipal Center Phone 313•224•3035
2 Woodward Avenue, Suite 804 Fax 313•224•4270
Detroit, Michigan 48226 www.detroitmi.gov

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

REQUIRED DOCUMENTS

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

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: Deed Probate/POA State ID/Driver's License Other _____

You May Submit this Form To AssessorsSpecialProcessing@detroitmi.gov