



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

COLEMAN A. YOUNG MUNICIPAL CENTER  
 2 WOODWARD AVE., SUITE 804  
 DETROIT, MI 48226  
 PHONE 313•224•3035  
 FAX: 313•224•4270  
 WWW.DETROITMI.GOV

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

**REQUIRED DOCUMENTS**

**PERSONAL: COPY OF DRIVER'S LICENSE OR IDENTIFICATION CARD  
 LIMITED LIABILITY COMPANY: COPY OF CERTIFICATE**

	PARCEL IDS	PROPERTY ADDRESSES
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 \_\_\_\_\_