



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.		

**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 \_\_\_\_\_