



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
 CHANGE OF ADDRESS FORM**

REQUIRED DOCUMENTS

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

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 _____	