



**ATTENTION: PROPERTY TRANSFER AFFIDAVIT MUST BE FILED
BEFORE SUBMITTING REQUEST**

**PROPERTY OWNER
MULTIPLE PARCEL CHANGE OF ADDRESS FORM**

DOCUMENTS REQUIRED

INDIVIDUAL:	COPY OF DRIVER'S LICENSE OR IDENTIFICATION CARD
COMPANY:	AUTHORIZED SIGNATORY ON COMPANY LETTERHEAD
LIMITED LIABILITY COMPANY (LLC):	COPY OF CERTIFICATE

	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