



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

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 OR CORPORATION:	1. COPY OF ARTICLES OF INCORPORATION OR 2. 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 _____

SIGNATURE OF PERSON AUTHORIZING CHANGE (REQUIRED) PRINT NAME HERE

**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](mailto:AssessorsSpecialProcessing@detroitmi.gov)