



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

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

**DOCUMENTS REQUIRED**

<b>INDIVIDUAL:</b>	<b>COPY OF DRIVER'S LICENSE OR IDENTIFICATION CARD</b>
<b>COMPANY OR CORPORATION:</b>	<b>1. COPY OF ARTICLES OF INCORPORATION OR 2. AUTHORIZED SIGNATORY ON COMPANY LETTERHEAD</b>
<b>LIMITED LIABILITY COMPANY (LLC):</b>	<b>COPY OF CERTIFICATE</b>

	<b>PARCEL ID</b>	<b>PROPERTY ADDRESS</b>
1.		
2.		
3.		
4.		
5.		

**PRINT PROPERTY OWNER INFORMATION BELOW:**

Owner 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 \_\_\_\_\_

**SUBMIT THIS FILLABLE FORM: [ASSESSORSPECIALPROCESSING@DETROITMI.GOV](mailto:ASSESSORSPECIALPROCESSING@DETROITMI.GOV)**