Coleman A. Young Municipal Center Phone 313•224•3025 2 Woodward Avenue, Suite 804 Detroit, Michigan 48226

Fax 313•224•4270 www.detroitmi.gov

PERSONAL PROPERTY PROPERTY OWNER CHANGE OF ADDRESS FORM

DOCUMENTS REQUIRED

INDIVIDUAL:			
CORPORATION:	REQUEST FROM AUTHORIZED SIGNATORY ON LETTERHEAD, COPY OF ARTICLES OF INCORPORATION OR ORGANIZATION		
TED LIABILITY COMPANY (LLC)		ONFONATION	ON ONGANIZATION
	. 0011010111		
PARCEL ID:	PROPERTY ADDRESS):	
PRINT P	PROPERTY OWNER INFO	RMATIONBE	LOW:
Owner First Name	MI		Loot Name
Owner First Name	M.I.		Last Name
Mailing Address			
Mailing Address			
City	State	Zip Code	Telephone Number
	2.1	_p	
PRINT INFORM	SHOULD BE SENT TO OT IATION OF PERSON TO R		. BELOW:
PRINT INFORM Taxpayer First Name			
PRINT INFORM	IATION OF PERSON TO R		. BELOW:
Taxpayer First Name Mailing Address	M.I.	RECEIVE BILL	. BELOW:
PRINT INFORM Taxpayer First Name	M.I.		. BELOW:
Taxpayer First Name Mailing Address	M.I.	RECEIVE BILL	. BELOW:
Taxpayer First Name Mailing Address City	M.I. State	Zip Code	. BELOW: Last Name
Taxpayer First Name Mailing Address	M.I. State	Zip Code	. BELOW: Last Name
Taxpayer First Name Mailing Address City SIGNATURE OF PERSON AUT	M.I. State	Zip Code	. BELOW: Last Name
Taxpayer First Name Mailing Address City	M.I. State	Zip Code	. BELOW: Last Name
Taxpayer First Name Mailing Address City SIGNATURE OF PERSON AUT	M.I. State	Zip Code	. BELOW: Last Name

Revised: 2-19-2018