



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**

[CITY OF DETROIT ACCESSMYGOV.COM](http://CITYOFDETROITACCESSMYGOV.COM)

PROPERTY OWNER CHANGE OF ADDRESS FORM

DOCUMENTS REQUIRED

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

PARCEL ID:		PROPERTY ADDRESS:	
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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

1. DO YOU HAVE A PRINCIPAL RESIDENCE EXEMPTION ON THIS PROPERTY? YES NO

2. DO YOU WANT THE EXEMPTION TO BE RESCINDED? YES NO

**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)