



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

**PROPERTY OWNER AND/OR TAXPAYER  
CHANGE OF ADDRESS FORM**

**ATTENTION: PROPERTY TRANSFER MUST BE COMPLETE BEFORE SUBMITTING REQUEST**

CITY OF DETROIT BS&A INTERNET SERVICES SEARCH

**REQUIRED DOCUMENTS**

<b>INDIVIDUAL:</b>	<b>COPY OF DRIVER'S LICENSE OR IDENTIFICATION CARD</b>
<b>CORPORATION:</b>	<b>REQUEST FROM AUTHORIZED SIGNATORY ON LETTERHEAD, COPY OF ARTICLES OF INCORPORATION OR ORGANIZATION</b>
<b>LIMITED LIABILITY COMPANY:</b>	<b>COPY OF CERTIFICATE</b>

**PARCEL ID:** \_\_\_\_\_ **PROPERTY ADDRESS:** \_\_\_\_\_

**PRINT PROPERTY OWNER INFORMATION BELOW:**

Owner First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

- 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 DO YOU WANT THE EXEMPTION TO BE RESCINDED?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)**