



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•9400
Detroit, Michigan 48226 Assessors@detroitmi.gov

PROPERTY OWNER AND TAXPAYER MAILING ADDRESS CHANGE FORM

ATTENTION: REQUEST MUST MATCH CURRENT OWNER NAME
BS&A ONLINE INTERNET SERVICES

REQUIRED: COPY OF ONE OF THE FOLLOWING DOCUMENTS:

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

PARCEL ID:		PROPERTY ADDRESS:	
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PRINT PROPERTY OWNER INFORMATION BELOW:

First Name or Company 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 DO YOU WANT THE EXEMPTION TO BE RESCINDED?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 or Company Name

M.I.

Last Name

Mailing Address

City

State

Zip Code

Telephone Number

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 _____