



CITY OF DETROIT  
 OFFICE OF THE CHIEF FINANCIAL OFFICER  
 OFFICE OF THE ASSESSOR  
 PERSONAL PROPERTY

COLEMAN A. YOUNG MUNICIPAL CENTER  
 2 WOODWARD AVE., SUITE 804  
 DETROIT, MI 48226  
 PHONE 313•224•3025  
 FAX: 313•224•4270

**PERSONAL PROPERTY  
 PROPERTY OWNER AND/OR TAXPAYER**

**CHANGE OF ADDRESS FORM**

**REQUIRED DOCUMENTS**

**INDIVIDUAL: COPY OF DRIVER'S LICENSE OR IDENTIFICATION CARD**

**LIMITED LIABILITY COMPANY: COPY OF CERTIFICATE**

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

**PRINT PROPERTY OWNER INFORMATION BELOW:**

Owner First Name	M.I.	Last Name	
Mailing Address			
City	State	Zip Code	Telephone Number

**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:  State ID/Driver's License  Certificate of Liability  Other \_\_\_\_\_

**❖ You May [Submit](mailto:PersonalProperty@detroitmi.gov) Form & Required Document to: [PersonalProperty@detroitmi.gov](mailto:PersonalProperty@detroitmi.gov)**