



CITY OF DETROIT
 OFFICE OF THE CHIEF FINANCIAL OFFICER
 OFFICE OF THE ASSESSOR
 SPECIAL PROCESSING AND VALUATION OPERATIONS

COLEMAN A. YOUNG MUNICIPAL CENTER
 2 WOODWARD AVE., SUITE 804
 DETROIT, MI 48226
 PHONE 313-224-3035
 FAX: 313-224-4270
 WWW.DETROITMI.GOV

**PROPERTY OWNER AND/OR TAXPAYER
 MULTIPLE PARCEL
 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
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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: Deed Probate/POA State ID/Driver's License Other _____

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