



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.		

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](#) Form & Required Document to: AssessorsSpecialProcessing@detroitmi.gov