



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

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