

OWNER'S REQUEST FOR CHANGE OF ADDRESS INFORMATION UPDATE

One City Square, Suite 310 Warren, MI 48093-2397 (586) 574-4532 Fax (586) 574-0793

**Please Note: This form must be completed by the OWNER OF RECORD. It is used specifically, but not solely for tax bills and assessment notices. Rental contact information should be filed with the Rental Division. The U.S. Post Office does not forward City mail and filing a change of address form with the post office does not change city information.

PROPERTY INFORMATION:			
Parcel ID #:			
Property Address			_
NEW MAILING ADDRESS:			
ALL COMPANIES AND LLC'S MUST PROVIDE DOCUMENT	PANIES AND LLC'S MUST PROVIDE DOCUMENTATION OF OWNERSHIP/MEMBERS Taxpayer Name:		
Owner/Taxpayer Name:			
Extra Name(Care of):			
Address:		Ste.#	-
City:	State:	Zip Code:	_
OWNED/C CTCNAMUDE		I DD THIM HANGE	
OWNER'S SIGNATURE	(PLEASE	E PRINT NAME)	
(PHONE NUMBER WITH AREA CODE)	_		
REASON FOR CHANGE:			
I AM THE NEW OWNER OF THE PROPERTY (P	LEASE ATTACH PE	ROOF OF OWNERSHIP)	
I OWN THE PROPERTY, BUT I NO LONGER C	CCOPY IT		
I HAVE CONVERTED THE PROPERTY TO RENT	AL PROPERTY		
OTHER (PLEASE EXPLAIN)			
CHANGE RECEIVED BY:	DATE:		