WARREN

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

# CHANGE OF ADDRESS OR NAME INFORMATION

***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:

**ALL COMPANIES AND LLC'S MUST PROVIDE DOCUMENTATION OF OWNERSHIP/MEMBERS**

**Parcel ID #:** _____

**Property Address:** _____

| NEW MAILING ADRESS | |
|---|---|
| **Owner/Tax Payer Name:** | |
| **Care of:** | |
| **Address:** | |
| **City/State/Zip Code:** | |

### REASON FOR CHANGE

☐ I am the new owner of the property ☐ I own the property, but I no longer occupy it

☐ I have converted the property to a rental property

☐ Other – please describe _____

| CURRENT NAME | NEW NAME |
|---|---|
| | |

### REASON FOR CHANGE

☐ Married/Divorced ☐ Widow/Widower

☐ Other – please describe _____

_____ _____

OWNER'S SIGNATURE (PLEASE PRINT NAME)

☐ Management Company or Owner Representative (must have documentation)

_____

(PHONE NUMBER WITH AREA CODE)