Office of the Assessor
One City Square, Suite 310
Warren, MI 48093-2397
(586) 574-4532
assessinginfo@cityofwarren.org

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)