Request for Change of Address (Assessing)

Submit this form to notify the Assessing Department of your change of address. Please complete all applicable fields.

Date of Change *

Month Day Year

Applicant First Name *

First name

Enter the applicant's first name.

Applicant Last Name *

Last name

Enter the applicant's last name.

Property Address Line 1 *

Street address

Enter the street address for the property.

Property Address Line 2

Apartment, suite, etc.

Optional additional address information.

Property Address City

City or locality

Optional additional address information.

Property Address State / ZIP

State, ZIP, or other details

Optional additional address information.

Are you the Owner? *

- ◯ Yes
- ◯ No

Owner Name(s) *

Enter owner name(s)

If you answered No above, provide the owner's name(s).

Owner Mailing Address *

Mailing address

If you answered No above, provide the owner's mailing address.

Owner Phone Number *

(555) 123-4567

If you answered No above, enter a phone number including area code.

Relationship to Owner: *

Reason for Request *

Explain why you are requesting this change.

Current Mailing Address *

Current mailing address

Enter the current mailing address.

Date Moved Out *

Month Day Year

New Mailing Address *

New mailing address

Enter the new mailing address.

Are you changing your Primary Residence Exemption (PRE) to the new mailing address? *

◯ Yes

◯ No

Name of Person Requesting This Change *

Full name

Enter the full name of the person requesting the change.

By providing my electronic signature, I acknowledge that I have read, understood, and agree to the terms of this document. I intend this electronic signature to have the same legal force and effect as a manual/handwritten signature

I agree to the terms above

☐ I agree

Email *

name@example.com

Enter a valid email address.

Daytime Telephone Number *

(555) 123-4567

Enter a daytime telephone number including area code.

Please note: If this property is currently being claimed as your principal residence, you are required by law (MCL 211.75cc(5) to file a Request to Rescind Principal Residence Exemption form within 90 days of your change of address.

Please return completed to:
Assessing Department
1200 S. Ensley St., PO Box 69
Howard City, MI 49329

Assessor Signature Date

Day Month Year

Submit