

Parcel ID Number \_\_\_\_\_



## NAME AND ADDRESS CHANGE FORM

Any time there is a change of a taxpayer's name and/or address, an address change form **must** be completed. It is the taxpayers' legal obligation to insure that the assessment and tax rolls contain the correct name and address information. Please contact the assessing department with any questions: (248) 871-2470. **Complete all information shown below.**

**Mail to:**  
Assessing Department  
31555 Eleven Mile  
Farmington Hills, MI 48336

**E-mail to:**  
AddressChg@fhgov.com

**Fax to:**  
(248) 871-2471

Taxpayer's Name \_\_\_\_\_

Property Address \_\_\_\_\_

Reason for Change \_\_\_\_\_

### FORWARDING INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Example: /s/ John Doe

**DO NOT WRITE BELOW THIS LINE**

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Posted By \_\_\_\_\_ Date \_\_\_\_\_