

Parcel ID Number _____



NAME AND ADDRESS CHANGE FORM

Any time there is a change of a taxpayer's name and/or mailing 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 mailing address. Additional forms are required for changes of ownership or Principal Residence. These forms are time sensitive. Please contact the Assessing Department for more information or should you have any questions at 248-871-2470. **Please complete all information shown below.**

Forms are accepted by:

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

E-mail to:
AddressChg@fhgov.com

Fax to:
(248) 871-2471

CURRENT PROPERTY INFORMATION

Taxpayer's Name _____

Property Address _____

Reason for Change _____

NEW INFORMATION

Name _____

Care of _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Email _____

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Posted By _____ Date _____