

DEXTER TOWNSHIP ASSESSORS OFFICE
REQUEST FOR NAME AND/OR ADDRESS CHANGE OF REAL PROPERTY RECORDS
(Please Print)

Property Identification Number D – 04 - _____ - _____ - _____

Property Address _____

Complete the area that applies to your request

Please **CHANGE THE NAME** on this property to:

Please complete all of the following that applies:

What is the reason for the name change? Marriage Divorce Death Ownership Change
(Please provide the appropriate certificate and/or Property Transfer Affidavit - MI Dept of Treasury Form L4260)

Please **CHANGE THE MAILING ADDRESS** of the property to:

Please complete all of the following that applies:

What is the effective date of this change? _____

Do you have a Principal Residence Exemption on the property? Yes No

I am changing my address because I will be temporarily away for: Work or Teaching Sabbatical
 Military Nursing Home Vacation Other _____

What is the date you expect to return to this property? _____

Will the property be rented while you are away? Yes No

If address change is to a P.O. Box or Business or LLC please provide an explanation:

Signature _____

Print Name _____

Date _____ **Phone Number** _____

Please return this signed and dated document to our office by mail, email, or fax.

Mail: Dexter Township Assessors Office Email: assessor-dextertownship.org Fax: (734) 426-3833
6880 Dexter-Pinckney Rd.
Dexter, MI 48130