

**MACOMB TOWNSHIP ASSESSING DEPARTMENT
NAME AND ADDRESS CHANGE FORM**

Please print this form and submit all documentation to the Assessing Department
by mail: 54111 Broughton Rd. Macomb, MI 48042
by email: assessing@macomb-mi.gov

PARCEL NUMBER: 20-08-

CURRENT PROPERTY ADDRESS: _____

TO CHANGE OR REMOVE A NAME

Documentation must be provided. Additional information may be required.
Documentation accepted: driver's license, marriage license, court judgement,
death certificate, etc.

Last name, First name: (please print CLEARLY)

TO CHANGE A MAILING ADDRESS

NEW ADDRESS NUMBER AND STREET NAME

CITY, STATE AND ZIP CODE

OWNERS AUTHORIZATION:

PRINTED NAME: SIGNATURE

DATED PHONE NUMBER (MANDATORY)

ASSESSING DEPARTMENT USE

DOES THIS CHANGE EFFECT THE PRINCIPAL RESIDENCE EXEMPTION?

 YES NO

MICS. NOTES:

