

Tax Department 23600 Liberty St Farmington, MI 48335

Fax: 248-473-7278

Name and Address Change Form – Tax Bill	
Date:	
Property Address:	
Parcel Number:	
Property Owner Information: Name:	
Phone:	
Fax:	
E-mail:	
Owner's Signature:	
	with either a drivers license or state ID. Either form may be nay be attached to and submitted with this form.
New Name Information (if applicable): Name:	
Address of where to Send Bill (if different than Property Address):	
Comments:	
For Internal Use Only:	
Employee Accepting Name and Address	s Change:
Owner Identity Verified: Yes	No .