



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: _____

Owner identification must be verified with either a drivers license or state ID. Either form may be presented in person; or a paper copy may 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 Change: _____

Owner Identity Verified: Yes No