63775 Gratiot • Lenox, Michigan 48050 • (586) 727-2085 • Fax: (586) 727-3188

MAILING ADDRESS / NAME CHANGE REQUEST

PARCEL NUMBER: _____-06-_____-_____-_____

DATE: _____

PROPERTY ADDRESS: _____

INTEREST IN PROPERTY: **Owner**_____ **Buyer**_____ **Seller**_____

Other (Please Specify) _____

CHANGES NEEDED

NAME: *** **Change to:** _____

Reason for Change: _____

(Name changes require documentation as proof such as a marriage certificate, divorce, etc.)

******If you are a new owner you may be required to fill out a Property Transfer Affidavit, provide a recorded Deed, or turn in other title work to indicate the property has officially transferred ownership******

MAILING ADDRESS: **Change to:** _____

_____

_____

Is the property a rental? _____**YES** _____**NO**

***If yes, you may need to rescind your primary residence claim as you must occupy FULL-TIME to qualify for a Principle Residence Exemption.**

SIGNATURE: _____

PRINT NAME: _____

PHONE NUMBER: _____

Note: **Request for changes may be made in writing only. We do not accept any changes over the telephone.**

RON TROMBLY *Supervisor* | LUANNE KANDELL *Clerk* | KATHY HONOLD *Treasurer* | MICHELLE GURLEY *Trustee* | SCOTT CLIFFORD *Trustee*