

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

Property Identification Number **08**- _____ - _____ - _____

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 - Form L4260 if Ownership Change)

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

Please complete or circle all of the following that apply:

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 address, please provide an explanation:

Signature _____

Print Name _____

Date _____ **Phone Number** _____

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

Mail: City of Dexter Assessor's Office email: assessor@dextermi.gov
8140 Main Street
Dexter, MI 48130