

**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](mailto:assessor@dextermi.gov)  
8140 Main Street  
Dexter, MI 48130