



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

Death

Divorce

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 _____ **Date** _____

Print Name _____

Phone Number _____ **E-mail Address** _____

Please return this signed and dated document to our office by mail or email.
Mail: City of Dexter Assessor's Office, 8140 Main Street, Dexter, MI 48130

Email: assessor@dextermi.gov