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

Property Identification Number 09 - _____ - _____ - _____ - _____
Property Address__________________________________________ Ann Arbor MI _________
               (Zip Code)

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 [MI Dept of Treasury Form L4260] with this form)

Please CHANGE THE MAILING ADDRESS of this property to:

______________________________________________________________________________
______________________________________________________________________________

Please complete all of the following that applies:
What is the effective date of this change? ______________________________

Do you have a Principal Residence Exemption on this 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 □ PO Box or □ Business or □ LLC (Please provide an explanation)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Click on these links if you need a Principal Residence Exemption Affidavit [MI Dept of Treasury Form 2368] or a Request to Rescind Principal Residence Exemption [MI Dept of Treasury Form 2602]

Please change the ESCROW/BANKING information for this property.
If you do not have an escrow account, please print “No Escrow” ______________________________
If taxes are to be paid from an escrow account, please provide:
Lender’s Name__________________________________________________
Street Address___________________________________________________
City _______________ State ________ Zip Code _____________

SIGNATURE ___________________________________________________
PRINT NAME ___________________________________________________
PHONE NUMBER __________________________________________________

Please return this signed document to our office by mail, email or fax.
Mail: The City of Ann Arbor Assessors Office
      301 E Huron St.
      Ann Arbor MI 48104
Email: Assessor@A2Gov.org
Fax: 734-997-1437