

**SUPERIOR TOWNSHIP ASSESSORS OFFICE
REQUEST FOR NAME AND/OR ADDRESS CHANGE OF REAL PROPERTY RECORDS**

Property Identification Number:

Property Address _____

Complete the area that applies to your request

Please **CHANGE THE NAME** on this property to:

Please circle any of the following that apply:

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)

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

Please complete 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: (circle one)

Work Teaching Sabbatical Military Nursing Home Vacation

Other (please explain) _____

What is the date you expect to return to this property?

Will the property be rented while you are away? Yes No (circle one)

If address change is to a P.O. Box or Business or LLC please provide an explanation:

Owners Signature _____

Print Owners Name _____

Date _____ **Phone Number** _____

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

Mail: Superior Township Assessors Office
Superior Township Assessor
3040 North Prospect
Ypsilanti, MI 48198
(734) 482-6099

Email: pcalopisis@superior-twp.org

Fax: (734) 482-3842