

**PROPERTY OWNER AND/OR TAXPAYER
CHANGE OF ADDRESS FORM**

**CITY OF BIRMINGHAM
ASSESSOR DEPARTMENT
151 MARTIN ST, P.O. BOX 3001
BIRMINGHAM, MI 48012-3001**

PARCEL NUMBER _____

PROPERTY ADDRESS _____

PLEASE FILL IN NAME AND MAILING ADDRESS OF PROPERTY OWNER BELOW.



IF TAX BILL SHOULD BE SENT TO OTHER THAN OWNER,
FILL IN NAME AND ADDRESS OF PERSON/AGENT TO RECEIVE TAX BILL BELOW.

NAME		
LAST	FIRST	M.I.
ADDRESS NUMBER, STREET NAME, P.O. BOX, ETC.		
CITY	STATE	ZIP CODE

NAME		
LAST	FIRST	M.I.
ADDRESS NUMBER, STREET NAME, P.O. BOX, ETC.		
CITY	STATE	ZIP CODE

NAME OF PERSON MAKING CHANGE:

SIGNATURE OF PERSON AUTHORIZING CHANGE:



Date Rcvd _____

Date Cmpl _____

Assr Staff _____

CHECK ONE:

- OWNER
- AGENT
- OTHER

SPECIFY