



City of Hamtramck

Office of the Assessor

3401 Evaline, Hamtramck, Michigan 48212
Assessor's Department 313-800-5233 Ext 820
<http://www.hamtramck.us>

ADDRESS CHANGE REQUEST FORM

Information indicating a change in mailing address or ownership has been received for this property. Please complete the following, sign and return it to the Assessing Department. If we do not receive this completed change request form, the address will remain unchanged.

PARCEL NUMBER: 41- _____ - _____ - _____ - _____

DATE: _____

PROPERTY ADDRESS: _____, Hamtramck, MI 48212

INTEREST IN PROPERTY: Owner _____ Buyer _____ Seller _____

Other (Please Specify) _____

CHANGES REQUESTED

NAME: Change to: _____

Reason for Change: _____

You may be required to fill out a Property Transfer Affidavit

MAILING Change to: _____

ADDRESS: _____

Is this Property a Rental unit? Yes _____ NO _____

OWNER SIGNATURE: _____

PRINT NAME: _____

PHONE NUMBER: _____

Note: Request for changes may be made in writing only.
We **do not** accept any name or address changes over the telephone. (Rev. 2020-09-01)

If translation services are needed to complete or understand documents, please contact the department head to request accommodations.

إذا كانت هناك حاجة لخدمات الترجمة لإكمال أو فهم المستندات، يرجى الاتصال بمشرف القسم لطلب الإقامة.

যদি নথি সম্পন্ন বা বোঝার জন্য অনুবাদ পরিষেবার প্রয়োজন হয়, অনুগ্রহ করে বাসস্থানের জন্য অনুরোধ করার জন্য ডিপার্টমেন্ট সুপারভাইজারের সাথে যোগাযোগ করুন।