documents, if required.

Request for Name Changes and Mailing Address Changes

(please read instructions before completing the form)

□ Download and complete the attached Request for Change of Mailing Address form and attach authorization

	All requests for change of mailing address for properties in the City of Southfield can be made in person a the Assessing Department or by mailing/faxing a request to the Assessing Department or by e-mailing the request to the Assessing Department at contactassessing@cityofsouthfield.com. Requests should include:		
	 Parcel number of property address (for which change is requested) Property address of parcel (for which change is requested) Owner name (if corporate, company or LLC, request should be on company letterhead) New mailing address Signature (property owner, CEO, President or the person responsible for paying the property taxes of a corporation, LLC member) Title (person signing request) Phone number (person signing request) 		
Αυ	thorization documents are required if:		
	If you are not the property owner but are acting on behalf of a property owner, documents that show you have the property owner's permission to act on their behalf are required. Examples of authorized paper work: contract between the property owner and the requestor, letter of authorization from property owner, power of attorney, will naming requestor as administrator/executor, a deed showing that requestor has been added as a property owner, letters of conservatorship etc.		
	If you are an <i>LLC</i> or a small business who owns property in the City of Southfield, and if the requestor is a member of the LLC and listed on documents filed with the State's Department of Energy, Labor and Economic Growth (DELEG), please provide the year the LLC was registered. If requestor is not registered with DELEG, please provide documentation that authorizes requestor to act on behalf of the property owner.		
Na	ame Changes		
	If you are a joint owner of property in Southfield (usually husband and wife) and one owner is deceased and the surviving owner requests the property in his/her name only, in order for this change to take place the remaining owner must submit a death certificate showing the relationship of the informant to the deceased owner or submit a Quit Claim deed showing a transfer of ownership into the surviving owner's name.		
	If you purchase property in Southfield then marry and want the name of the property changed to your married name, you must submit a marriage license in order for the change to take place.		
	If you purchase property in Southfield then marry and want the name of your spouse added to the property record, you must submit a deed showing that you have added your spouse as an owner of the property.		

Request for Change of Mailing Address

1. Property Type: ☐Residential ☐Commercial/Industrial	Business Personal Property	
2. Parcel Number: 76-24	76-99	
3. Owner Name:		
4. Property Address:	Southfield, Michigan 480	
5. Change Mailing Address <u>To</u> : #, Street, Apt. # or P.O. Box	City and State and Zip	
6. I am changing my mailing address Yes□ No□		
7. I occupy the parcel address as my principal residence Yes No No		
8. If answer to 7 above is yes, Explain :		
I understand that if I no longer occupy the parcel address as my principal residence, I do not qualify for the Principal Residence Exemption (aka homestead)		
10. I wish to submit the Request to Rescind Principal Residence Exemption for To access the form (a) see Assessing Dept. personnel or (b) visit website.		
www.cityofsouthfield.com/city departments/assessing department/forms/R PRE/Withdraw PRE Exemption Form	Request to Rescind	
11. I have rescinded my Principal Residence Exemption (aka homestead) and submitted Form 2602 to the Assessing Department.		
12. This Request also applies to the property contiguous to the property address listed in item 4 above. Parcel 76-24		
13. Please Print Name of Requestor (see reverse side if other than owner)		
14. Signature of Requestor		
15. Title (select one) Owner LLC Member Personal Representative Trustee Other		
16. Phone Number of owner/Requestor		
17. Comments:		
Note: (a) Attach authorization papers if requestor is other than property	owner. (b) For multiple parcel	
corrections, attach a list of all parcels to this request form.		
Submit completed form to: Assessing Department – 26000 Evergreen Rd—P FAX: 248-796-5255 * * * EMAIL - contactassessing@		

Date