

**DEXTER TOWNSHIP ASSESSORS OFFICE**  
**REQUEST FOR NAME AND/OR ADDRESS CHANGE OF REAL PROPERTY RECORDS**  
**(Please Print)**

Property Identification Number D – 04 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property Address \_\_\_\_\_  
\_\_\_\_\_

**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)

Please **CHANGE THE MAILING ADDRESS** of the 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 the 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    P.O. Box or    Business or    LLC please provide an explanation:

\_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_    **Phone Number** \_\_\_\_\_

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

Mail: Dexter Township  
6880 Dexter-Pinckney Rd.  
Dexter, MI 48130

Email: [assessor@dextertownship.org](mailto:assessor@dextertownship.org)  
Fax: (734) 426-3833