



**City of Novi**  
**Assessing Department**  
**Address/Name Change Form**

If this is a request from a legal entity (i.e. corporation, partnership, LLC, etc.) please do not use this form but submit your request on company stationary with the information listed below and signed by a corporate officer.

Effective Date of Change: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

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

\*Owner's Name: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you want your water billing address changed also: \_\_\_\_\_ yes \_\_\_\_\_ no

Daytime telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Reason for Change:**

\_\_\_ Moved                      Date moved \_\_\_\_\_

\_\_\_ Renting Property        Date rented \_\_\_\_\_

\_\_\_ Temporary away        Expected date of return \_\_\_\_\_

\_\_\_ Owner Deceased        Date \_\_\_\_\_ Was a quit claim deed filed? \_\_\_\_\_

**\*If you need to change your name, please show documentary proof (i.e., photocopy of a marriage certificate, divorce decree, court order or deed.)**

Should you have any questions, please call our office at (248) 347-0485.

**Return completed form to:     Assessor's Office**  
**45175 W. Ten Mile**  
**Novi, MI 48374**