



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: (Check one below)			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A (Condo)
Daytime Telephone No.:			
E-mail address: (optional)			
Signature of Owner:		Date:	
REASON FOR CHANGE: (Check boxes that apply and complete information below)			
<input type="checkbox"/> Moved	Date moved:		
<input type="checkbox"/> Renting property	Date rented:		
<input type="checkbox"/> Temporarily away	Expected date of return:		
<input type="checkbox"/> Owner deceased	Date deceased:	Was a quit claim deed filed?	
<input type="checkbox"/> Owner divorced	Date divorced:	Was a quit claim deed filed?	
<input type="checkbox"/> Other			
* 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 (248) 347-0485. Monday – Friday 8am-5pm			
Return completed form to →		City of Novi Assessing Department 45175 W. Ten Mile Rd. Novi, MI 48375	