

BLISSFIELD TOWNSHIP ASSESSOR'S OFFICE
REQUEST FOR NAME AND/OR ADDRESS CHANGE OF REAL PROPERTY RECORDS
(Please Print)

Property Identification Number BL - - - 00

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 or circle all of the following that apply:

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 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 Business LLC Please provide an explanation:

Signature _____

Print Name _____

Date _____ **Phone Number** _____

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

Mail: Blissfield Township Assessor's Office
120 S. Lane Street P.O. Box 58
Blissfield, MI 49228

Email: **rrassessing@gmail.com**