



City of Dearborn

Change of Name and Address Form for Tax Bills and Water Bills

DATE	PARCEL ID NUMBER
PROPERTY ADDRESS	
OWNER NAME AND MAILING ADDRESS	

TAX BILL NAME AND MAILING ADDRESS If <u>different</u> than above owner.

WATER BILL PAYER NAME AND MAILING ADDRESS If <u>different</u> than above owner.

Form must be signed by owner or authorized agent.

OWNER'S SIGNATURE	PHONE NUMBER
--------------------------	---------------------

PRINT NAME	EMAIL ADDRESS
-------------------	----------------------

If form is filled out by someone other than the owner, please print name **and** title of agent or attorney

Please return to: Dearborn Department of Assessment, 16901 Michigan Ave., Ste 5, Dearborn, MI 48126

Office Use Only	Tax ID No:	Tax/Owner Change Made:
PTA <input type="checkbox"/>	Non PRE <input type="checkbox"/>	Comments:
PRE <input type="checkbox"/>	C of O <input type="checkbox"/>	Rental <input type="checkbox"/>