

City of Ecorse Assessing Department

Request for Mailing Address Change Form

This form is required if you are requesting a mailing address change. Please complete the form in its entirety and return it to the Assessing Department.

Do not use this form for a change in ownership. Changes in ownership must be verified by a legal document, such as a deed or land contract, in which case a Property Transfer Affidavit must also be filed. A Principal Residence Exemption and/or Principal Residence Rescission form may also be required. Return forms to the Assessing Department during regular business hours of Monday or Wednesday.

PARCEL NUMBER: _____ - _____ - _____ - _____

PROPERTY ADDRESS: _____

CHANGE MAILING ADDRESS TO:

(Date Stamp & Received by Staff Initials)

NAME: _____

SIGNATURE: _____

PRINT NAME: _____

PHONE NUMBER: _____ Relationship to Owner: _____

****Note:** *Only requests received in writing will be accepted. Assessing office hours are Wednesday and Friday from 8:30 am to 4:30 pm.*