

City of Davison

Name / Address Change Request Form

Date: _____

Property Owner's Name: _____

*If not the taxpayer of record, a deed, land contract, divorce judgment or letter of authorization must be attached.

Address of Subject Property: _____

Parcel I.D. Number: _____

Is this a temporary or permanent change? _____

Is the property your principle residence? _____ Yes _____ No

Is the property rented / leased? _____ Yes _____ No

Is the change requested a result of a recent sale/transfer of ownership? _____ Yes _____ No

*IF YES, A COPY OF THE COMPLETED PROPERTY TRANSFER AFFADAVIT MUST BE ATTACHED FOR THIS REQUEST TO BE PROCESSED.

Reason for Change: _____

Name Change From: _____

Name Change To: _____

Current Mailing Address: _____

New Mailing Address: _____

Phone Number: _____ Cell Number: _____

Property Owner's Signature: _____

Office Use Only:

Completed by: _____

Date Completed: _____

PLEASE RETURN THIS FORM TO:

**CITY OF DAVISON
200 E. FLINT ST. SUITE 2**