



# 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	

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

<b>WATER BILL PAYER NAME AND MAILING ADDRESS</b> If <b>different</b> 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, 4500 Maple, Suite 3, 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"/>