CITY OF NOVI

Assessing Department

Address/Name Change Form

If this is a request from a legal entity (i.e. corporation, partnership, LLC, etc.) please do not use this form but submit your request on company stationary with the information listed below and signed by a corporate officer.

Effective Date of Change:			
Parcel Number (s):			
Property Address:			
* Owner's Name:			
New Mailing Address:			
Do you want your water billing address changed also: (**Check one below**)			
	☐ Yes	☐ No	☐ N/A (Condo)
Daytime Telephone No.:			
E-mail address: (optional)			
Signature of Owner:		**Date:**	

REASON FOR CHANGE:	**(Check boxes that apply and complete information below)**	
☐ Moved	Date moved:	
☐ Renting property	Date rented:	
☐ Temporarily away	Expected date of return:	
☐ Owner deceased	Date deceased:	Was a quit claim deed filed?
☐ Owner divorced	Date divorced:	Was a quit claim deed filed?
☐ Other		

* If you need to change your name, please show documentary proof (i.e., photocopy of a marriage certificate, divorce decree, court order or deed.)

Should you have any questions, please call our office (248) 347-0485.
Monday – Friday 8am-5pm

Return completed form to ➡	**City of Novi** **Assessing Department** **45175 W. Ten Mile Rd.** **Novi, MI 48375**