

ASSESSING DEPARTMENT
CITY OF JACKSON

REQUEST FOR CHANGE OF ADDRESS

PLEASE ***PRINT***

Date _____

Parcel Number(s): _____

Property Address(es): _____

Owner's Name(s): _____

Are you changing your primary residence to the new mailing address? Yes _____ No _____

New Mailing Address: _____

Reason for Request: _____

Date you moved out of the property listed above: _____

Name of Person Requesting Change: _____

Signature: _____

Daytime Telephone #: _____

Please note: If this property is currently being claimed as your principal residence, you are required by law (MCL 211.7cc(5)) to file a Request to Rescind Principal Residence Exemption form within 90 days of your change of address.

Please return completed form to: Assessing Department
City Hall, 9th Floor
City of Jackson
161 W. Michigan Avenue
Jackson, MI 49201