



CHANGE OF ADDRESS FORM

PARCEL # 5807 _____ DATE ____/____/____

OWNERS NAME: _____

PARCEL ADDRESS: _____

IS THIS NEW ADDRESS YOUR PRIMARY RESIDENCE? YES _____ NO _____

NAME OF PERSON REQUESTING CHANGE: _____

NEW ADDRESS: _____

REASON FOR
REQUEST: _____

Please note that if you are claiming the property located in Frenchtown Charter Township as your Principal Residence that you are required by law to file a Request to Rescind Principal Residence Exemption Application within 90 days (MCL 211.7cc(5)) of your Change of Address.

WHEN COMPLETED RETURN TO: FRENCHTOWN CHARTER TOWNSHIP
Assessing Department
2744 VIVIAN ROAD
MONROE, MI 48162
734-242-8588