

Township Supervisor
Brenda L. Stumbo
Township Clerk
Heather Jarrell Roe
Township Treasurer
Stan Eldridge



**YPSILANTI
TOWNSHIP**
— WHERE YOUR FUTURE GROWS —

ASSESSMENT DEPARTMENT

Name & Address Change Request Form

Date: _____

Type of Change: Owner's Name: ____ Mailing Address: ____

Method of Change: Marriage Certificate ____ Death Certificate ____ Divorce Decree ____

Parcel Number:

Owner's Name(s):

Care Of: _____

Property Address:

Mailing Address:

Is this still your primary residence? Yes ____ No ____

If not, have you rescinded your Principal Residence Exemption? Yes ____ No ____

Requested By:

(Please Print)

Signature:

(Signature)