



**CITY OF YPSILANTI**  
ASSESSMENT DIVISION

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**CHANGE OF ADDRESS FORM  
TO BE COMPLETED FOR ADDRESS CHANGES ONLY. CHANGE  
TO OWNERSHIP CANNOT BE MADE WITH THIS FORM.**

**Property Address:** \_\_\_\_\_

\_\_\_\_\_

**New Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Person Requesting Change:** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Return completed form to:  
Assessor's office  
One South Huron  
Ypsilanti, MI 48197**