

**CHARTER TOWNSHIP OF BRIGHTON ASSESSING DEPARTMENT**

**CHANGE OF MAILING ADDRESS REQUEST**

**TAX ID #** 4712- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PROPERTY ADDRESS** \_\_\_\_\_

**NEW MAILING ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**PLEASE MARK APPROPRIATE STATEMENT**

\_\_\_ This change affects my Principal Residence Exemption. Please provide me with a Rescind Principal Residence Exemption Affidavit.

\_\_\_ This change does not affect my Principal Residence Exemption. I understand I may be required to submit proof of my resident status.

\_\_\_\_\_  
Signature of Owner or Owner's Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Owner or Owner's Agent

Return completed form to:

Assessing Department  
Charter Township of Brighton  
4363 Buno Road  
Brighton, MI 48114