

# Request to Rescind Homeowner's Principal Residence Exemption

Issued under authority of Public Act 267 of 1994.

This form must be filed with the assessor for the city or township where the property is located.  
Print or type in blue or black ink. Use a separate form for each property number.

| Property Information                      |                             |                                      |
|---|-----------------------------|--------------------------------------|
| 1. Property Tax Identification Number     |                             | 2. ZIP Code                          |
| 3. Street Address of Property             | 4. Name of Township or City | 5. County                            |
| 6. Name of Owner (First, Middle, Last)    |                             | 7. Owner's Social Security Number    |
| 8. Name of Co-Owner (First, Middle, Last) |                             | 9. Co-Owner's Social Security Number |

10. Property owner's daytime phone number \_\_\_\_\_

|   |      |                             |
|---|------|-----------------------------|
| 11. I am rescinding this property because (check appropriate box(es) below):  |      |                             |
| a. I am no longer the owner of the property.  | 11a. | <input type="checkbox"/>    |
| b. I own the property, but I no longer occupy the property as my principal residence.   | 11b. | <input type="checkbox"/>    |
| c. I have converted the property to rental property.  | 11c. | <input type="checkbox"/>    |
| d. I have converted the property to commercial property.  | 11d. | <input type="checkbox"/>    |
| 12. If the portion of the property in line 1 that you own and occupy as your principal residence has changed, enter the new percentage here |      | 12. _____ %                 |
| 13. Effective date of the change listed in either 11 or 12  |      | 13. _____<br>Month Day Year |
| 14. This rescission applies to:   |      |                             |
| a. Owner and Co-owner as listed in boxes 6 and 8 above.   | 14a. | <input type="checkbox"/>    |
| b. Owner only, as listed in box 6 above.  | 14b. | <input type="checkbox"/>    |
| c. Co-owner only, as listed in box 8 above.   | 14c. | <input type="checkbox"/>    |
| 15a. New Owner's Name   |      | 15b. New Co-Owner's Name    |
| Hlene E. Dussla   |      |                             |

| Certification   |      |                          |      |
|---|------|--------------------------|------|
| <i>I certify under penalty of perjury the information contained on this document is true and correct to the best of my knowledge.</i> |      |                          |      |
| 16. Owner's Signature   | Date | 17. Co-Owner's Signature | Date |
|   |      |                          |      |
| 18. Mailing Address, if Different than Property Address Above   |      |                          |      |
| 7051 Antes Drive<br>Monroe, MI 48162  |      |                          |      |
| 19. Closing Agent or Preparer's Name and Mailing Address  |      |                          |      |
| Lawyers Title Insurance Corporation<br>17 Washington St<br>Monroe, MI 48161   |      |                          |      |

| Local Government Use Only - Do Not Write Below This Line           |           |
|--|-----------|
| What is the first year this change will be posted to the tax roll? | 20. _____ |
| Indicate property classification                                   | 21. _____ |