

State Assessors Board Request for Changes in Personal or Employment Information for a Certified Assessor

In order for the State Assessors Board (SAB) to maintain accurate records, all certified assessing officers are required to inform the State Assessors Board in writing of any changes to their personal or employment contact information. To request changes to your personal or employment information, complete the appropriate area(s) of this form and return it to the following address:

State Assessors Board
P.O. Box 30471
Lansing, MI 48909-7971

This form may also be returned by fax to (517) 241-3583.

PART 1: ASSESSOR			
Assessing Officer Name	Certificate Number R-	Certification Level	
PART 2: PERSONAL INFORMATION			
This information will be used to receive State Assessors Board personal mailings (e.g., renewal applications, revocation petitions, etc.). You may request to receive personal mailings at a home or an employment address. This information may be distributed to the public unless it is requested to remain confidential. Driver's license numbers are automatically kept confidential.			
<input type="checkbox"/> Check to request personal information be maintained as confidential.			
Address (work or home address where SAB personal mailings are to be sent)			<input type="checkbox"/> Home <input type="checkbox"/> Work
City	State	ZIP Code	Home Telephone Number
Driver's License Number		E-mail Address	
Name Change (appropriate documentation must be provided – e.g., marriage license, etc.)			
Signature (required)			Date
PART 3: EMPLOYMENT INFORMATION			
This information will be used for official State mailings (STC Bulletins, assessor and/or equalization director correspondence, electronic notifications etc.). This information also will be distributed to the public as official local unit assessor and county equalization director contact information.			
<input type="checkbox"/> New Assessor of Record		<input type="checkbox"/> New Director of Record	
<input type="checkbox"/> No longer the Assessor/Director of Record		<input type="checkbox"/> Change of Address Only	
Address (work address where official State mailings are to be sent)			
City	State	ZIP Code	Work Telephone Number
Work E-mail address			
Official Title or Position of Employment	Local Unit of Government Name	County	
Signature (required)			Date