

ASSESSOR'S DATE STAMP

Request to Rescind Principal Residence Exemption (PRE)

Issued under authority of Public Act 206 of 1893.

This form must be filed with the assessor for the city or township where the property is located. This address may be on your most recent tax bill or assessment notice.

Type or print in blue or black ink.

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PART 1: PROPERTY INFORMATION Type or print legibly. Use a separate form for each property tax identification number.

1. Property Tax Identification Number 44-25-		2. Name of Local Unit (Check Township or City) <input type="checkbox"/> Township <input checked="" type="checkbox"/> City Madison Heights	3. County Oakland
4. Street Address of Property (Provide a Complete Address)			
5. Name of Owner (First, Middle, Last)		6. Owner's Last Four Digits of Social Security Number XXX-XX-	7. Owner's Daytime Telephone Number
8. Name of Co-Owner (First, Middle, Last)		9. Co-Owner's Last Four Digits of Social Security Number XXX-XX-	10. Co-Owner's Daytime Telephone Number

PART 2: RESCIND INFORMATION

11. I am rescinding the Principal Residence Exemption claimed for this property because (check appropriate box(es) below):

a. I am no longer the owner of the property.

b. I own the property, but I no longer occupy the property as my principal residence.

c. I have converted the property to rental property.

d. I have converted the property to commercial property.

e. Other: _____

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. _____
Month Day Year

14. This rescission applies to:

a. Owner and Co-owner as listed in boxes 5 and 8 above.

b. Owner only, as listed in box 5 above.

c. Co-owner only, as listed in box 8 above.

15a. New Owner's Name

15b. New Co-Owner's Name

PART 3: OWNER CERTIFICATION

Certification: I certify under penalty of perjury the information contained on this document is true and correct to the best of my knowledge.

16. Owner's Signature/Representative	Date
17. Co-Owner's Signature/Representative	Date
18. Mailing Address, if Different than Property Address Above	

PART 4: ASSESSOR'S CERTIFICATION — FOR LOCAL GOVERNMENT USE ONLY

Certification: I certify, the Request to Rescind, was properly processed and the PRE was removed and/or adjusted accordingly.	What is the first year this change will be posted to the tax roll (yyyy)? _____
Assessor's Signature	Date Certified by Assessor (mm/dd/yyyy)