



PLYMOUTH HOUSING COMMISSION
1160 SHERIDAN
PLYMOUTH, MI 48170
Ph: (734)455-3670
Fax: (734)455-2429

ATTENTION: Landlord Notification of Address Change – **TYPE** or **PRINT CLEARLY**

Date: _____

Name: _____ Tax ID #: _____

Management Company Name (if applicable): _____

Old Address: _____
Street City State Zip Code

Effective Date of New Address: _____

New
Address: _____
Street City State Zip Code

Building Number/Apartment Number (if applicable): _____

New Phone Number (if applicable): _____

Contact Person (if different from Landlord/Owner): _____

Rental Property Address(s): _____

Landlord Signature: _____