



CITY of TROY  
 ASSESSING DEPARTMENT  
 APPLICATION FOR DESCRIPTION CHANGE  
 500 W BIG BEAVER, TROY MI 48084  
 248.524.3311  
[CITYASSESSOR@TROYMI.GOV](mailto:CITYASSESSOR@TROYMI.GOV)

DATE \_\_\_\_\_

Contact Name: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Contact's Phone \_\_\_\_\_  
 Contact's Email \_\_\_\_\_

Parcel Number(s)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Each owner must be listed & sign form, use additional sheets if needed)

This request is for:

SPLIT \_\_\_\_\_ (Application fee \$250.00)

COMBINATION \_\_\_\_\_ (Application fee \$150.00)

CONDOMINIUM REVIEW AND PROCESSING \_\_\_\_\_ (Fee \$10.00 per unit created)

\*ALL FEES COLLECTED AT THE TIME OF APPLICATION/REVIEW\*

INCLUDED FOR REVIEW:

Survey and Descriptions for existing parcels AND each new parcel created

Recorded copy of Transfer document

Verification of PAID prior year tax and any current outstanding tax or special assessments

REVIEW/APPROVAL SIGN OFF:

Assessing Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Engineering Dept: \_\_\_\_\_ Date: \_\_\_\_\_

(If DENIED, note reason for denial) \_\_\_\_\_

\_\_\_\_\_  
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