

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. For more information regarding the PRE, please review the PRE guidelines at www.michigan.gov/pre.

Type or print in blue or black ink.

PART 1: PROPERTY INFORMATION Type or print legibly. Use a separate form for each property tax identification number.			
1. Property Tax Identification Number	2. Name of Local Unit (Check Township or City)	3. County	
	<input type="checkbox"/> Township <input type="checkbox"/> City		
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	7. Owner's Daytime Telephone Number
		XXX-XX-	
8. Name of Co-Owner (First, Middle, Last)		9. Co-Owner's Last Four Digits of Social Security Number	10. Co-Owner's Daytime Telephone Number
		XXX-XX-	

PART 2: RESCIND INFORMATION	
11. I am rescinding the Principal Residence Exemption claimed for this property because (check appropriate box(es) below):	
<input type="checkbox"/> a. I am no longer the owner of the property. <input type="checkbox"/> b. I own the property, but I no longer occupy the property as my principal residence. <input type="checkbox"/> c. I have converted the property to rental property. <input type="checkbox"/> d. I have converted the property to commercial property. <input type="checkbox"/> 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. _____ <div style="text-align: right; margin-right: 50px;"> Month Day Year </div>	
14. This rescission applies to:	
<input type="checkbox"/> a. Owner and Co-owner as listed in boxes 5 and 8 above. <input type="checkbox"/> b. Owner only, as listed in box 5 above. <input type="checkbox"/> 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	
<i>Certification: 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/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	
<i>Certification: I certify, the Request to Rescind, was properly processed and the PRE was removed and/or adjusted accordingly.</i>	
Assessor's Signature	What is the first year this change will be posted to the tax roll (yyyy)? _____ Date Certified by Assessor (mm/dd/yyyy) _____