Michigan Department of Treasury
4781 (Rev. 10-09)

Request to Rescind Supportive Housing Exemption

Issued under authority of Public Act 206 of 1893, Section 7nn.

File this form with the local tax collecting unit in which the property is located.

Print or type in blue or black ink. Use a separate form for each property number.

PROPERTY INFORMATION

1. County	2. Local Parcel Number	
3. Name of Township or City ☐ Township ☐ City	4. Property Address	
5. Supportive Housing Owner Name	6. Owner's SS or Federal ID Number	7. Owner's Phone Number
8. Representative Name	9. Project ID	10. Unit ID

11. I am rescinding this property from exemption for the following reason:

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

☐ b. The property is no longer occupied as a supportive housing unit.

☐ c. The property is no longer certified as a supportive housing unit.

12. Effective date of change listed in 11

Month Day Year

CERTIFICATION

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

13. Signature of Owner/Representative	14. Date

15. Address of Owner if Different than Property Address

LOCAL GOVERNMENT USE ONLY (do not write below this line)

On this date, I rescind the Supportive Housing Exemption for this property. I have amended the tax roll and a corrected tax bill will be issued within thirty (30) days.

16. Local Tax Collecting Unit Assessor's Name	17. Local Tax Collecting Agency	
18. Signature of Assessor	19. Phone Number	20. Date

After completion, the local government shall forward a copy of this signed rescission to the Michigan Department of Treasury, Property Services Division, P.O. Box 30760, Lansing, Michigan 48909.