
REQUEST FOR CHANGE OF MAILING ADDRESS

OWNERS NAME _____

CONTACT PHONE NUMBER _____

BLOCK _____ LOT _____ QUALIFIER _____

OLD MAILING ADDRESS

STREET	_____
CITY	_____
STATE	_____
ZIP	_____

NEW MAILING ADDRESS

STREET	_____
CITY	_____
STATE	_____
ZIP	_____

OWNER SIGNATURE _____ DATE _____

**PLEASE PRINT, COMPLETE AND FORWARD TO THE ASSESSORS OFFICE
ALLOW 5 WORKING DAYS FOR CHANGES TO TAKE EFFECT**

FOR OFFICIAL USE ONLY

ASSESSOR: _____ DATE _____

COLLECTOR: _____ DATE _____