

## CHANGE OF ADDRESS FORM

This form is for mailing address changes ONLY. For "Care Of" please supply this office with proof of Power Of Attorney/Probate Information or a Notarized letter stating you are the responsible party for payment of taxes for the individual that owns the aforementioned property. (PLEASE PRINT)

Property Owner Name: \_\_\_\_\_

Real Estate: \_\_\_\_\_ or Personal Property: \_\_\_\_\_

Property Location: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Old Mailing Address: \_\_\_\_\_

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

Change to:

New Mailing Address: \_\_\_\_\_

C/O \_\_\_\_\_

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

Daytime telephone number where you can be reached: \_\_\_\_\_

Evening telephone number where you can be reached: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_