2009 - 2010

ADDRESS CHANGE FORM

Parcel Number: _____

Taxpayer Name: _____

Phone Number: _____

Prinicpal Residence? (Do you live on this parcel?) YES ☐ NO ☐

ATTN: _____

New Address: Street # _____ Street name _____

Mail ☐

City/State _____ zip code _____

Property ☐

Legal Description: _____

Requesting Office & Person: _____

Date of Change: _____

Taxpayer Request?? YES ☐ NO ☐ If not, who? _____

Old Address: _____

Extra parcels: _____

_____

_____