

ADDRESS CHANGE REQUEST

DATED: _____

BLOCK _____ LOT _____ QUAL _____

PROPERTY LOCATION: _____

OWNER OF RECORD _____

CHANGE TO NEW ADDRESS:

STREET _____

CITY _____ STATE: _____ ZIP _____

ADD IN CARE OF _____

CARE OF RELATIONSHIP: _____

SIGNATURE: _____

PRINTED NAME _____

RELATIONSHIP: **OWNER** / OTHER _____

REQUEST MADE IN : OFFICE _____ MAIL _____ **EMAIL** _____ **FAX** _____

(attach copy of mail - email - fax)

ASSESSOR'S RECORDS UPDATED: INTITIALS _____ DATE _____

COLLECTOR'S RECORDS UPDATED INTITIALS _____ DATE _____

UTILITY'S RECORDS UPDATED: INTITIALS _____ DATE _____

CONST./RENTAL DEPT. UPDATED: INTITIALS _____ DATE _____

Please update records with information, date and initial and forward to the appropriate department.
Return completed forms to the Assessor's Office.