

Name/Address Change Request Form

Date: _____

Property Owner's Signature _____

*If not the taxpayer of record a deed, land contract, divorce judgment or letter of authorization must be attached.

Parcel I. D. Number: _____

Address of Subject Property: _____

Is the property your principle residence? _____ Yes _____ No

Is the property rented/leased? _____ Yes _____ No

Is the change requested a result of a recent sale/transfer of ownership? _____ Yes _____ No

*IF YES, A COPY OF THE COMPLETED PROPERTY TRANSFER AFFADAVIT MUST BE ATTACHED

Reason for Change: _____

Name Change From: _____

Name Change To: _____

Current Mailing Address: _____

New Mailing Address: _____

Office Use Only:

Received By: _____ Date Received: _____ Posted to Assmnt Roll: _____