

**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.