



## Change of Mailing Address Form

Owner Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*Parcel Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Please include **all** parcel numbers affected by address change.

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

Please complete all of the following that applies:

What is the effective date of this change? \_\_\_\_\_

Do you have a Principal Residence Exemption on this property?  Yes  No

Is this change permanent or temporary?  Permanent  Temporary

If this change is temporary, I will be temporarily away for:  Work or Teaching Sabbatical

Military  Nursing Home  Vacation  Other \_\_\_\_\_

What is the date you expect to return to this property? \_\_\_\_\_

Will the property be occupied while you are away?  Yes  No

If address change is to a  PO Box or  Business or  LLC (Please provide an explanation)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name if Other Than Owner

\_\_\_\_\_  
Relationship to Owner

**Please remember to file this form EACH time an address update is needed and return to the Assessing Department**

*For office use only:*

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Employee Initials: \_\_\_\_\_

PRE: Y/N