

# Appraisal Service Division Address Change Form

Date:  Parcel ID#

Name of Property Owner

C/O

Address

City  State  Zip

Information Rcvd By Phone

Information Rcvd At Counter

Information Received From:

Name  Phone Number:

Have You Moved?

If No, what is the reason for the address change?

If Yes, I will no longer qualify for Homestead Exemption for:

Tax Year:  Parcel #

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Signature

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Deputy