



Address Change Form

Date: _____ Parcel Number(s): _____

Additional Parcel(s): _____

Name of Property Owner(s): _____

C/O: _____

Address: _____

City: _____ State: _____ Zip: _____

Information Received By: Phone In-Person Mail Email: _____

Information Received From: _____ Phone #: (____) _____

Is this a Homestead Property: Yes No If yes, have you moved: Yes No

If no, reason for mailing address change: _____

**If you have moved, you will no longer qualify for Homestead Exemption on this parcel.
Remember to re-apply for Homestead Exemption Every time you move.**

Signature

Deputy