

Parcel Information

Parcel Number: _____

Additional Parcel(s): _____

Additional Parcel(s): _____

Additional Parcel(s): _____

Additional Parcel(s): _____

Address Information

Previous Address to be Changed

Street Address: _____

City: _____

State: _____ Zip Code: _____

New Address Where Invoices Will be Mailed

Street Address: _____

City: _____

State: _____ Zip Code: _____

I verify that I am the: Titleholder Trustee Contract Buyer Other

If "Other" Please Explain: _____

Requestor Information

Name: _____

E-Mail: _____

Phone: _____

I hereby request that the mailing address for the above parcel(s) be changed to the new address for the purposes of real estate tax billing.