



## CHANGE OF ADDRESS FORM FOR TAX OFFICE

DATE: \_\_\_\_\_

**\*Please complete and return to the Tax Collector's Office**

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ QUAL: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

OWNER: \_\_\_\_\_

PLEASE CAHNGE THE MAILING ADDRESS ON THE ABOVE-MENTIONED  
PROPERTY TO: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

OWNER'S SIGNATURE