

## **CHANGE OF ADDRESS REQUEST**

**Instructions:** If you need to change the mailing address of your property tax bill(s), please complete this form, sign and date it, and send it to our office by email, mail, or fax.

Ра	rcel Number:				
Pro	operty Location/Address:				
Pro	operty Owner Name:				
Ph	one Number:				
Em	nail Address:				
<u>NE</u>	W MAILING ADDRESS:				
Signature:			Date:		
	This form must be	signed.			
Pri	Print Name:				
	Print name as appearing on signature line.				
Ple	ase note:				
•	Please use the attachment if you have multiple parcel numbers going to the same new address.				
•	A change of address can only be requested by the property owner. An authorized representative must provide legal documentation, such as a power of attorney.				
•	If the property is in the name of a company/organization, the request must be signed by an authorized signer.				
•	Mailing addresses will not be changed to mortgage companies or banks. Tax amounts are provided to them electronically.				
•	Ohio Revised Code section 323	13 requires that a change in mailin	g address of any tax bill be made in writing		

to the county treasurer.



## **CHANGE OF ADDRESS – ATTACHMENT**

Parcel Number:	
Property Location/Address:	
Parcel Number:	
Property Location/Address:	
Parcel Number:	
Property Location/Address:	
Parcel Number:	
Property Location/Address:	
Parcel Number:	
Property Location/Address:	
Parcel Number:	
Property Location/Address:	
Parcel Number:	
Property Location/Address:	