



TOMMY BAILEY
ASSESSOR
MERCER COUNTY
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Todd Kendall
Chief Office Deputy
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AUTHORIZATION OF INFORMATION FOR REAL PROPERTY FORM

REQUEST FOR ADDRESS CHANGE ☐

REQUEST FOR IN CARE OF ☐

PLEASE CHECK ONE OR BOTH

PROPERTY OWNER:	
IN CARE OF NAME TO BE ADDED TO THE TAX TICKET:	
OLD ADDRESS:	NEW ADDRESS:
OLD CITY, STATE & ZIP:	NEW CITY, STATE & ZIP:

PARCELS REQUESTING TO BE CHANGED

DIST	MAP	PARCEL	DIST	MAP	PARCEL	DIST	MAP	PARCEL

I hereby request the Mercer County Assessor's Office to change the address on the permanent records of the above said Real Estate Account(s). I certify that I am the owner of this property or have the legal power of attorney of the owner to request that the future tax ticket(s) will reflect this change. If you are making any changes to a parcel that is not legally in your name, you must provide us with a photo identification card.

By signing this agreement, you will be held accountable for any legal actions that may occur if any false information has been provided.

PERSON(S) COMPLETING FORM PRINT NAME: _____

PHONE NUMBER FOR PERSON(S) COMPLETING FORM: _____

SIGNATURE REQUIRED: _____

DATE: _____

IF COMPLETED BY PHONE WE WILL NEED TO VERIFY OWNERSHIP BY MAILING YOU A COPY FOR YOUR SIGNATURE TO BE RETURNED TO OUR OFFICE BEFORE ANY CHANGES WILL TAKE AFFECT.