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AUTHORIZATION OF INFORMATION FOR REAL PROPERTY FORM

	REQUES	ST FOR ADDR	ESS CHAN	GE 🗌	REQUES	T FOR IN	CARE OF	
				PLEASE CHEC	CK ONE OR BOTH			
PROPE	RTY OWNER	:						
<u>IN CAP</u>	RE OF NAME	TO BE ADDED TO	THE TAX TIC	KET:				
OLD ADDRESS:					NEW ADDRESS:			
OLD CITY, STATE & ZIP:					NEW CITY, STATE & ZIP:			
		F	PARCELS R	REQUEST	ING TO BE CH	ANGED		
DIST	MAP	PARCEL	DIST	MAP	PARCEL	DIST	MAP	PARCEL
			_	1				
		· · · · · · · · · · · · · · · · · · ·						
said owner	Real Estate A to request t	Account(s). I cert that the future tannot legally in yo	ify that I am ox ticket(s) w our name, yo u will be he	the owner vill reflect to ou must pro vild accoun	of this property	or have the u are makir noto identif gal actions	legal power of any change ication card.	ords of the above of attorney of the s to a parcel that is ccur if any false
PHONE	NUMBER FOR	R PERSON(S) COMP	LETING FORM	1:				
	URE REQUIRE	D:						
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.