

TAX MAILING ADDRESS CHANGE FORM

Deeded Name on Property

Name of owner/certified representative requesting change

Parcel Number(s)

Property Address

REQUESTED CHANGE:

Old tax mailing address

New tax mailing address

I certify that the above and foregoing information is true and correct and that I am currently a deeded owner or an authorized representative for the aforementioned property:

X

Signature and title of individual requesting change

Date

Phone number of individual requesting change

Mail completed form to: Montgomery County Auditor, 100 E Main St Rm 102, Crawfordsville, IN 47933

Email completed form to: mapping@montgomerycounty.in.gov

Fax completed form to: 765.364.6404