

Appraisal Service Division Address Change Form

Date: Parcel ID#

Name of Property Owner

C/O

Address

City State Zip

Information Rcvd By Phone

Information Rcvd At Counter

Information Received From:

Name Phone Number:

Have You Moved?

If No, what is the reason for the address change?

If Yes, I will no longer qualify for Homestead Exemption for:

Tax Year: Parcel #

Signature

Deputy