## **Change of Mailing Address for Property Taxes**

Owner of Record:			
Parcel #		Parcel #	
Parcel #		Parcel #	
Parcel #		Parcel #	
Previous Address:		New Address:	
I affirm under the penalties of per for USPS delivery. I request the cl Date: P	hange to be effective on th	ne date signed below:	
			-
Owner of Record Signature:			
	Please return the comple Tipton County Courthous Attn: Auditor – 2 <sup>nd</sup> Floor 101 E. Jefferson St. Tipton, IN 46072 Phone: (765) 675-2794	se	
	OFFICE U	JSE ONLY	
<u>Phone request:</u> Name of person making request: _			
Relationship to owner of record: _			
Phone Number:			
Office receiving request:			
Signature of Employee:	•	<del></del>	
		npleted by:	