



KEVIN RAIFORD
Assessor

CHANGE OF MAILING ADDRESS

Name: _____

OLD Mailing Address: _____

City/State: _____ Zip Code: _____

NEW Mailing Address: _____

City/State: _____ Zip Code: _____

Assessment #: _____ Phone #: _____

Physical Address of the property: _____

Email Address: _____

Comments: _____

Signature: _____ Date: _____

