2023 CHANGE OF MAILING ADDRESS REQUEST

As the property owner or authorized representative of the real estate parcel (s) shown in Section A, I request that the mailing address be changed to the address shown in Section B

(if this request is being made by an authorized representative, please submit legal documentation)

SECTION A

18 Digit Parcel # (required)	Property Location Address (required)
You may attach a spr	eadsheet for additional parcels owned
	SECTION B
Owner Name	Phone (required)
Mailing Address - Street	
Apt # or Suite #	
City State	Zip
By completing this form, I am requesting that all correspond shown above.	dence from the Monroe County Assessor be sent to the mailing address
Signature:	Date:
Printed Name:	Authorized Representative: Yes No
**If you would like your tax bills mailed to the address	shown above check this box
	MIT COMPLETED FORMS TO: Judith A. Sharp

Monroe County Assessor 100 W. Kirkwood Avenue, Room 104 Bloomington, IN 47404

Attn: Lisa Surface

DEADLINE TO APPEAL YOUR 2023 ASSESSMENT IS JUNE 15, 2023

Office use Only

Date Processed
Processed by