**Office of Judith A. Sharp**  **Monroe County Assessor**

**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) |
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*You may attach a spreadsheet 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 correspondence from the Monroe County Assessor be sent to the mailing address shown above.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Representative: Yes No**

*\*\*If you would like your tax bills mailed to the address shown above check this box*

**PLEASE SUBMIT COMPLETED FORMS TO:**

Judith A. Sharp

Monroe County Assessor

100 W. Kirkwood Avenue, Room 104

Bloomington, IN 47404

**Attn: Lisa Surface**

|  |
| --- |
| **Date Processed**  **\_\_\_\_\_\_\_\_\_\_\_\_**  **Processed by**  **\_\_\_\_\_\_\_\_** |

**Office use Only**