2022 Change of Mailing Address

OFFICE USE ONLY
PROCCESS DATE
SCANNED
DOCS W/ HARD COPY

I am the property owner or authorized agent as indicated below regarding the following real estate record(s): (Please attach spreadsheet if changing address for more than 5 properties)

Property Street Address (required)	Parcel Number (required)		
I am requesting the Treasurer and Auditor of Monroe County t	o change the mailing address of t	he properties listed above to:	
Name	Phone Number (required)		
Street			
City S	state	Zip	
Is this mailing address your primary residence The County Auditor may follow up to confirm primary residence. Please call the on the new property.	_	-apply primary residence deductions	
By entering your name in the space below, you are conveying properties only sent to the requested mailing address per IC 6 in the space below executes your intent to complete and sign on this form is subject to prosecution.	-1.1-22-8.1. Additionally, per IC 26	5-2-8-102 entering your name	
Signature	D	ate	
Title if other than owner			
(If you are not the owner, please provide power of	attornev or trustee docum	entation.)	

Failure to receive a tax statement does not relieve the taxpayer of the responsibility for payment and penalties when delinquent.

Submit completed forms to:

Email: treasurer@co.monroe.in.us
Mail: Monroe County Treasurer
100 W Kirkwood Ave Rm 204
Bloomington IN 47404