



CHANGE OF MAILING ADDRESS FORM

I am the property owner or authorized agent as indicated below regarding the following real estate record(s):

<u>Property Address</u>	<u>Parcel Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I am requesting the Auditor of Allen County to change the mailing address of Property(ies) listed above to:

Name _____

Street _____

City _____ State _____ Zip _____

Is this **mailing** address your primary residence? ____ Yes ____ No
(By checking yes to the above question, certain exemptions may be removed from the former property. Please contact our office at (260) 449-7241 to re-apply for these exemptions on the new property.)

Phone Number _____

Signature _____ Printed Name _____

Title if other than owner _____
(If Personal Representative or Power of Attorney etc. please submit designating documentation)

**Anyone submitting false information on this form is subject to prosecution.
Return this form to the Allen County Auditor's Office**