

**CHANGE OF MAILING ADDRESS REQUEST**

**DATE OF REQUEST:**

**PARCEL NUMBERS:**

**TAXPAYER'S NAME (Last Name, First Name):**

**PROPERTY ADDRESS (Street, City, Zip):**

**NEW MAILING ADDRESS (Street, City, Zip):**

If applicable, is this your primary residence?      Yes  No

**REASON FOR CHANGE:**  
 Moved/Date Vacated:   
 Date it became a Rental:   
 Other:

**NAME OF REQUESTOR:**

Owner: Yes  No  If No, what relationship/authority:

**SIGNATURE OF REQUESTOR:**

**PHONE NUMBER:**

**EMAIL:**       Do you need a tax bill sent to you?      Yes  No

Send Completed Forms by Mail to: Johnson County Auditor, 86 W Court St, Franklin, IN 46131  
Send Completed Forms by Email to: [jcauditor@co.johnson.in.us](mailto:jcauditor@co.johnson.in.us)  
Send Completed Forms by Fax to: 317-736-7021

To send this form electronically, print to a PDF & then save the document in your preferred location. Use the email address [jcauditor@co.johnson.in.us](mailto:jcauditor@co.johnson.in.us) and add the saved form as an attachment. Or print the form, scan it, and email it to [jcauditor@co.johnson.in.us](mailto:jcauditor@co.johnson.in.us).

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**FOR AUDITOR USE ONLY**

Date Change Made:       Initials:

Request Made:                      Counter       Phone                       Email                       Mail

Document Manager Updated/Database Updated:      Yes       No       N/A

LOW Note Made:       Initials:

Send Tax Bill For Tax Year:       Need to Mail:      Yes       No       N/A