

CHANGE OF MAILING ADDRESS REQUEST

DATE OF REQUEST:

PARCEL NUMBERS:

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

OLD MAILING 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
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 and add the saved form as an attachment. Or print the form, scan it, and email it to jcauditor@co.johnson.in.us.

FOR AUDITOR USE ONLY

Date Change Made: Initials:

Request Made: Counter Phone Email Mail

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

MVP Note Made: Initials:

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