

Key # Several See attached

**ST. JOSEPH COUNTY
MAILING ADDRESS CHANGE
PAYABLE**

Please note: The Auditor Office uses their discretion when changing mailing addresses

PROPERTY ADDRESS: See Attached

I certify that I am the property owner or authorized agent as indicated below regarding the above property tax record.

OWNER OF RECORD: _____

OLD MAILING ADDRESS: (PLEASE PRINT)

I am requesting the Auditor of St. Joseph County to change the mailing address of the property above to:

NEW MAILING ADDRESS: (PLEASE PRINT)

Anyone submitting false information on this form is subject to prosecution.

Owner's Signature _____ Phone# () _____

Printed Name _____ Title: _____

Date _____ By(Initials) _____