

Deborah K. Stevens,
Warrick County Auditor



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 or Duplicate Number</u>
_____	_____
_____	_____
_____	_____

(If you need additional property entry lines, please complete another form.)

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

Name (Required): _____

Street (Required): _____

City (Required): _____ State (Required): _____ ZIP (Required): _____

Is this **mailing** address your primary residence? (Required): Yes No

(By checking yes to the above question, certain deductions may be removed from the property. Please visit the Auditor's web page at www.warrickcounty.gov to re-apply for deductions and exemptions on the new property.)

Phone Number (Required): _____

E-mail Address (Optional): _____

By entering your name in the space below, you are conveying your intent to have the property tax bill(s) for the above-mentioned properties sent to the requested mailing address per IC 6-1.1-22-8.1. Anyone submitting false information on this form is subject to prosecution. Please print this document, sign, scan original, and return via e-mail to auditor@warrickcounty.gov or mail to One County Sq., Ste. 240, Boonville, IN 47601.

Name (Required): _____ Date (Required): _____

Title if other than owner of N/A for not applicable (Required): _____

(If Personal Representative or Power of Attorney, etc., please submit designating documentation via e-mail or USPS.)