North Carolina Appraisal Board 5830 Six Forks Road, Raleigh, NC 27609 Phone: 919/870-4854

Fax: 919/870-4859

Change of Address

Name: Please Print	Appraiser Number:	
Please Print		
Directions: Please fill in all fields, even if some of		•
we do not change something in error or fail to chang		ecessary.) Once this form is
completed, you may mail or fax it to the Board office	ce.	
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Home Address		
Mailing Address:		
Mailing Address:Street or PO Box		
City	State	Zip
Discovered Address (CG d'CG) and Green and Thomas delegans		
Physical Address (if different from mailing address):	Street	
City	State	Zip
·	State	Zap
Phone: ()	Fax: ()	
County of Residence:		
Duraimaga Adduraga		
Business Address		
Business Name:		
Mailing Address:		
Succe of PO Box		
City	State	Zip
Physical Address (if different from mailing address): _		
J	Street	
City	State	Zip
Dhamar (Fam. (
Phone: ()		
County of Business Location:		
Which address do you profes to use as your primary	mailina addmass?	
Which address do you prefer to use as your primary Home Business	maning address?	
Home Business		
Do you have an e-mail address that you would like	us to make note of? I	f so, please list below:
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Revised 5/10/06