

Change of Address

Name: _____ Appraiser Number: _____
Please Print

Directions: Please fill in **all fields**, even if some of the fields have not changed. (This helps us insure that we do not change something in error or fail to change something that is necessary.) Once this form is completed, you may mail or fax it to the Board office.

Home Address

Mailing Address: _____ <small>Street or PO Box</small>		
_____	_____	_____
<small>City</small>	<small>State</small>	<small>Zip</small>
Physical Address (if different from mailing address): _____		
<small>Street</small>		
_____	_____	_____
<small>City</small>	<small>State</small>	<small>Zip</small>
Phone: (_____) _____	Fax: (_____) _____	
County of Residence: _____		

Business Address

Business Name: _____		
Mailing Address: _____ <small>Street or PO Box</small>		
_____	_____	_____
<small>City</small>	<small>State</small>	<small>Zip</small>
Physical Address (if different from mailing address): _____		
<small>Street</small>		
_____	_____	_____
<small>City</small>	<small>State</small>	<small>Zip</small>
Phone: (_____) _____	Fax: (_____) _____	
County of Business Location: _____		

Which address do you prefer to use as your primary mailing address?

Home

Business

Do you have an e-mail address that you would like us to make note of? If so, please list below: