BUSINESS PERSONAL PROPERTY ACCOUNT
REQUEST FOR MAILING AND/OR SITUS ADDRESS CHANGE

PARCEL NUMBER: ____________________

BUSINESS NAME: ____________________________________________________________

DATE MOVED: ____________________

NEW MAILING ADDRESS: _____________________________________________________

CITY: ____________________ STATE: ___________ ZIP: ____________________

OLD (LAST) MAILING ADDRESS: ____________________________________________________

NEW JACKSON COUNTY SITUS/PROPERTY ADDRESS: ____________________

SITUS CITY: ____________________ ZIP: __________

CONTACT PERSON: ____________________ DAYTIME PHONE: ____________________

SIGNATURE: ____________________ DATE: ____________________

PLEASE RETURN COMPLETED FORM TO:
JACKSON COUNTY ASSESSMENT DEPARTMENT
BUSINESS PERSONAL PROPERTY SECTION
112 W. LEXINGTON STE 144
INDEPENDENCE MO 64050

QUESTIONS? - PLEASE CALL 816-881-4672