



ASSESSMENT DEPARTMENT

JACKSON COUNTY COURTHOUSE
415 East 12th Street
Kansas City, Missouri 64106
www.JacksonGov.org

REAL ESTATE MAILING ADDRESS CHANGE

PLEASE PRINT

OWNER NAME: _____

IN CARE OF: _____
(IF NEEDED)

NEW MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

LOCATION ADDRESS: _____
NUMBER STREET CITY

PARCEL NUMBER:

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
(PROPERTY ACCOUNT NUMBER) PLEASE USE A SEPARATE FORM FOR EACH PROPERTY

OLD (LAST MAILING) ADDRESS: _____
NUMBER STREET

CITY: _____ **STATE:** _____ **ZIP:** _____

DAYTIME PHONE: _____ **2ND DAYTIME PHONE:** _____

SIGNATURE: _____ **DATE:** _____
OWNER OR AUTHORIZED AGENT

TITLE: _____
(ROLE OR POSITION)

PLEASE PRINT THIS FORM, AND WHEN COMPLETED, MAIL OR FAX TO:
JACKSON COUNTY ASSESSMENT DEPT
ADDRESS CHANGE SERVICE
415 E. 12TH ST., SUITE 100M
KANSAS CITY, MO 64106-2752
FAX 816-881-1403

QUESTIONS CALL 816-881-3530 OR 816-881-4541.