REAL ESTATE MAILING ADDRESS CHANGE

PLEASE PRINT

OWNER NAME: ________________________________________________________

IN CARE OF: __________________________________________________________
(INEEDED)

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.