



ROB MITCHELL
ASSESSOR OF PROPERTY
RUTHERFORD COUNTY
 319 NORTH MAPLE STREET · SUITE 200
 MURFREESBORO, TENNESSEE 37130
 TELEPHONE: (615) 898-7750 · FAX: (615) 896-2759

CHANGE OF MAILING ADDRESS REQUEST – COMMERCIAL REAL PROPERTY

Property Owner of Record:	
Property Address:	
City, State & Zip Code:	
Map/Parcel:	
Account #:	

I am requesting to change the **Mailing Address** for the above referenced property. The **New Mailing Address** is as follows:

C/O (In Care Of)			
Street:			
City:			
State:		Zip Code:	

RETURN THIS FORM TO:

Rutherford County Property Assessor
 319 North Maple Street, Suite 200
 Murfreesboro, TN 37130

 Signature of Property Owner or Company Officer

 Printed Name of Property Owner / Company Officer

 Company Name & Title of Officer

 Date

 Contact Telephone Number (w/ Area Code)

* COMPLETED FORM WITH ORIGINAL SIGNATURE IS
 REQUIRED. THE FORM MUST BE NOTARIZED.

(FAX COPIES WILL NOT BE ACCEPTED)

STATE OF: _____

COUNTY OF: _____

Personally appeared before me, the undersigned, a Notary Public in and for the afore mentioned county and state,
 _____, with whom I am personally acquainted (or proved to me on the basis of
 satisfactory evidence), and who acknowledged they executed this change of address form for the purposes therein contained.

Witness my hand and official seal on the date of: _____

 Notary Public

My Commission expires: _____