



**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**

**CURRENT:**

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

**NEW MAILING ADDRESS:**

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

**COMPLETED FORM WITH ORIGINAL SIGNATURE IS REQUIRED.**  
**FAX/EMAIL COPIES WILL NOT BE ACCEPTED**

IF YOU HAVE MULTIPLE PROPERTIES  
WITH THE SAME IDENTICAL OWNER NAME  
 A LIST CAN BE ATTACHED WITH  
 STREET ADDRESS, MAP/PARCEL  
 AND ACCOUNT NUMBER

\_\_\_\_\_  
 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)

**NOTARY TO SIGN ON PAGE 2**

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 purpose therein contained.

Witness my hand and official seal on the date of: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_