



**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 RESIDENTIAL REAL PROPERTY

<b>Property Owner of Record:</b>	
<b>Property Address:</b>	
<b>City, State &amp; Zip Code:</b>	
<b>Map / Parcel:</b>	
<b>Account #:</b>	

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

<b>Property Owner of Record:</b>			
<b>C/O (In Care Of):</b>			
<b>New Mailing Street Address:</b>			
<b>City:</b>			
<b>State:</b>		<b>Zip Code:</b>	

I certify that the information contained herein, including any accompanying forms or data, is true, correct, and complete, to the best of my knowledge and belief. I understand this certification is subject to penalties for perjury and I may be subject to statutory penalty and cost if this certification is proven false.

\_\_\_\_\_  
 Printed Name of Property Owner / Company

\_\_\_\_\_  
 Signature of Property Owner / Company Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Type of ID AND STATE ISSUED

\_\_\_\_\_  
 Contact Telephone Number (w/ Area Code)

**\* COMPLETED FORM WITH ORIGINAL SIGNATURE IS REQUIRED.**

**\* COPY OF PHOTO ID REQUIRED**

**FOR OFFICE USE ONLY:**

**RECEIVED:** \_\_\_\_\_

**VERIFIED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
 DOCUMENT ATTACHED