

ALLEGHANY COUNTY TAX OFFICE

Change of Address Request

PROPERTY OWNER:

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

Check all boxes this change affects:

Pin #: _____, _____, _____,

Personal property account #: _____

Other: _____

Requested by: _____ Date: _____

Old Address: _____

New Address: _____

Daytime telephone number of person to contact: _____

Signature of Requestor: _____ Date: _____

Was the address changed by tax office due to returned mail?

Office Use Only

Date received in office: _____ Received by: _____

Processed in CAMA by: _____ Date: _____

Processed in BlTEK by: _____ Date: _____

Date placed in change of address file: _____ By: _____