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Change of Name or Address for Local Taxes

OLD INFORMATION (Per current City records)

Owner Name: _____

Mailing Address: _____

NEW INFORMATION:

Updated Name (if applicable): _____

Updated Mailing Address (if applicable): _____

Reason for Change: _____

Person requesting change: _____

Date: _____ Phone Number: _____

Signature: _____

This change is applicable to (Mark all that apply):

Update (Y/N)	Tax Type	Account / Control #	Office Use Only	
			COR Initials	Date Completed
	Real Estate			
	Personal Property (vehicles)			
	Business License			
	Business Personal Property			