

REQUEST TO CHANGE MAILING ADDRESS

MAP REFERENCE NUMBER

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NAME OF OWNER

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ADDRESS ON BILL

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LOCATION OF LAND

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.....

PROPOSED ADDRESS

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REASON FOR CHANGE

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NAME & ADDRESS OF APPLICANT

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.....
.....

SIGNATURE OF APPLICANT

.....

DATE

.....

FOR OFFICIAL USE ONLY

DATE RECEIVED	REC'V BY	FILE AMENDED	VTAX AMENDED	SUP. APPROVED

REMARKS

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