OFFICE USE ONLY	
PROCESS DATE	
SCANNED	



## **Change of Mailing Address**

I am the property owner or authorized agent as indicated below regarding the following real estate record(s): (Please attach spreadsheet if changing address for more than 5 properties)

Property Street Address (required) Parce		cel Number (required)	
I am requesting the Treasurer and Auditor of DeKa	alh County to change the m	nailing address of the properties listed above to	
Name:		lating address of the properties listed above to.	
Phone #:	Email Address:		
Street:			
City:		Zip:	
Is this mailing address your primary	residence?	Yes No	
The County Auditor may follow up to confirm prim primary residence deductions on the new propert	•	I the County Auditor at (260)925-2362 to re-apply	
By entering your name in the space below, you are properties only sent to the requested mailing addrein the space below executes your intent to complet	ess per IC 6-1.1-22-8.1. Add	ditionally, per IC 26-2-8-102 entering your name	
this form is subject to prosecution.			
Signature		Date	
Title if other than owner			
(If you are not the owner inlease provide	nower of attorney or	trustee documentation )	

Failure to receive a tax statement does not relieve the taxpayer of the responsibility for payment and penalties when delinquent.

## Submit completed forms to:

Email: treasurer@co.dekalb.in.us

Mail: DeKalb County Treasurer

100 South Main Street

Auburn IN 46706