Phil Ballard

Date





MAILING ADDRESS CHANGE REQUEST

* This form changes address for both city & county tax offices.

Property Owner of Re	ecord:		
Property Address:			
	Street		
	City	State	Zip Code
Map & Parcel ID Or Account Number:			
I am Requesting the n	nailing address be changed to	the address belo	ow:
New Mailing Address	y:		
	Street		
	City	State	Zip Code
Phone Number:			
Email:			
Comments:			
* The signature of the F			JIRED in order to make a mailing address change in our record. e Property Assessor's Office.
Signature of Property Owner or Representative			SEND TO:
			KNOX COUNTY PROPERTY ASSESSOR CITY/COUNTY BUILDING, SUITE 204
Print Name of Property Owner or Representative			400 MAIN STREET KNOXVILLE, TN 37902 PHONE: (865) 215-2360 FAX: (865) 215-3671 FMAIL: COUNTY ASSESSOR@KNOXCOUNTY ORG