

## **ROB MITCHELL**

## **BUSINESS PERSONAL PROPERTY SECTION**

319 NORTH MAPLE STREET · SUITE 218 MURFREESBORO, TENNESSEE 37130 TELEPHONE: (615) 898-7761 · FAX: (615) 898-7854

## AUTHORIZATION FOR CHANGE OF BUSINESS MAILING ADDRESS

		Business Name of Record Current Street Address Current City, State, Zip Phone Number
Map & Parcel Number:		
Current Street Address Current City, State, Zip Phone Number  Iap & Parcel Number:  revious Business Owner (if different from Current Business Owner)  urrent Business Owner:		
Current Business Owner: _		
New Business Name (if changed):		
Please change the <b>Mailing</b>	Address only for the a	above referenced business:
Street:		
City:	State:	Zip:
Signature of Business Own	er or Authorized Agen	<del>t</del>
Printed Name of Business (	Owner or Authorized A	agent
Date	<del></del>	

## **RETURN THIS FORM TO:**

Rutherford County Assessor of Property 319 N. Maple Street Suite 218 Murfreesboro, TN. 37130