



ROB MITCHELL
 ASSESSOR OF PROPERTY
 RUTHERFORD COUNTY
 319 NORTH MAPLE STREET * SUITE 200
 MURFREESBORO, TENNESSEE 37130
 TELEPHONE: (615) 898-7750 * FAX: (615) 896-2759

CHANGE OF MAILING ADDRESS REQUEST -- RESIDENTIAL REAL PROPERTY

Property Owner of Record:	
Property Address:	
City, State & Zip Code:	
Map / Parcel:	
Account #:	

I am requesting to change the **Mailing Address** for the above referenced property. The **New Mailing Address** is as follows:

Property Owner of Record:			
C/O (In Care Of):			
New Mailing Street Address:			
City:			
State:		Zip Code:	

I certify that the information contained herein, including any accompanying forms or data, is true, correct, and complete, to the best of my knowledge and belief. I understand this certification is subject to penalties for perjury and I may be subject to statutory penalty and cost if this certification is proven false.

 Signature of Property Owner or Company Officer

 Printed Name of Property Owner / Company Officer

 Company Name & Title of Officer

 Date

 Contact Telephone Number (w/ Area Code)

* COMPLETED FORM WITH ORIGINAL SIGNATURE IS REQUIRED.

(FAX COPIES WILL NOT BE ACCEPTED)

RETURN THIS FORM TO:

Rutherford County Property Assessor
 319 North Maple Street, Suite 200
 Murfreesboro, TN 37130