

# County of Centre



## ASSESSMENT

### BOARD OF COMMISSIONERS

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**CHIEF ASSESSOR**  
MARK J. KELLERMAN

## ADDRESS CHANGE FORM

**Please Print**

Name(s) of property owners \_\_\_\_\_

Parcel Number \_\_\_\_\_

\_\_\_\_\_

Property Location \_\_\_\_\_

*Please fill in below the address you want future tax statements / correspondence to be mailed to.*

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

*This form must be signed to change the tax record*

Signature of owner \_\_\_\_\_

Date \_\_\_\_\_