



DATE RECEIVED

Request for Change/Removal

BLOCK: _____ **LOT(S):** _____ **QUAL:** _____

LOCATION: _____

OWNER: _____

I _____ am requesting the following:
Name of Requestor* (Please Print)

Check All That Apply!

Change Property Location

From: _____ **To:** _____

Change Mailing Address

From: _____ **To:** _____

Change Name (Proof Required)

From: _____ **To:** _____

Remove Deduction

<input type="checkbox"/> Veteran	<input type="checkbox"/> Surviving Spouse/Veteran
<input type="checkbox"/> Senior Citizen	<input type="checkbox"/> Surviving Spouse/Senior Citizen
<input type="checkbox"/> Disabled Person	<input type="checkbox"/> Surviving Spouse/Disabled Person

Reason: _____

Remove Name: _____

Death (Copy of Certificate Required)

I hereby certify that I am the:

- | | |
|--|---|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Surviving Spouse |
| <input type="checkbox"/> Remainderman | <input type="checkbox"/> Executor/Executrix (Copy of Short Certification Required) |
| <input type="checkbox"/> Power of Attorney (Proof Required) | <input type="checkbox"/> Other _____ |

Signature of Requestor* Date

* All requestors must supply proof of identification. (Copy of Driver's License, Passport, etc.)
▶▶▶ FAILURE TO DO SO MAY RESULT IN DENIAL OF REQUEST. ◀◀◀