

CHANGE OF ADDRESS FORM

Property Assessment Number: _____

Physical Property Street Address: _____

Property Owner's Requesting Change: _____

Old Mailing Address: _____ New Mailing Address: _____

Please provide a brief explanation for address change: _____

Do you own any other parcels that should reflect this mailing address change? _____

If yes, please include a list of these parcels. If you are requesting to change the address for multiple properties, and you do not include a list, only this parcel will be change.

Is this property your primary residence? _____ If no, when did you move? _____

Is this property vacant? _____ Is this property being rented? _____

Is the parcel in a deceased person's name? _____

If yes, is an heir living on the parcel? _____

What name is this property listed in? _____

Assessment No. _____

Signature of Property Owner(s): _____

(If not property owner, a letter of authorization or power of attorney must accompany this form)

Daytime Telephone Number: _____ Request Date: _____

Please mail this completed form to: City of Pineville Attn: Tammy Ponthieux
P.O. Box 3820
Pineville, LA 71361

You may also fax this form to: (318) 443-1118

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