

CHANGE OF ADDRESS

PLEASE USE THIS FORM FOR ADDRESS CHANGES:

PLEASE PRINT

OLD NAME & ADDRESS

NAME OR NAMES _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

PLEASE LIST ALL PARCEL NUMBERS THAT ARE AFFECTED BY THIS CHANGE.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

IF MORE LINES ARE NEEDED, PLEASE PRINT THIS PAGE AGAIN.

NEW ADDRESS:

NAME OR NAMES _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

PHONE NUMBER _____

PLEASE MAIL THIS FORM TO:

MEGAN ENDICOTT, COLLECTOR
8 SOUTH MAIN ST, SUITE 2
CARRROLLTON, MO 64633

IF YOU MOVE OR CHANGE INTERESTED PARTIES OR YOUR ADDRESS AND DO NOT NOTIFY US, WE CANNOT FORWARD BILLS TO YOU. THE FAILURE OF THE TAXPAYER TO RECEIVE THE TAX NOTICE IN **NO** CASE RELIEVES THE TAXPAYER OF ANY TAX LIABILITY IMPOSED BY LAW.