

WOOD COUNTY SHERIFF'S TAX OFFICE ADDRESS CHANGE FORM

Taxpayer Name One:

Last: _____ First: _____ MI: _____

Taxpayer Name Two (if applicable):

Last: _____ First: _____ MI: _____

Contact Information:

Primary Phone Number: (____) - ____ - ____ Secondary Phone Number (Optional): (____) - ____ - ____

Email: _____

Reason for change of address: _____

Is this a business? Y / N If yes, name of business: _____

Previous Mailing Address:

Address: _____ City: _____ State: _____ ZIP: _____

New Mailing Address:

Address: _____ City: _____ State: _____ ZIP: _____

Real Estate Property and/or Personal Property that needs changed, please note only Real Property has a Map and Parcel. This information can be found on your current tax statement or receipt:

Account Number	Current Year Ticket Number	District	Map	Parcel

Additional Space on Second Page

By signing this document I hereby certify that all the information provided is accurate and true to the best of my knowledge. I understand if this information is found to be inaccurate and I am unable to be reached, then my request will not be processed. Furthermore, I certify that I am the owner of this property and/or I have the legal power of attorney of the owner to request this change of address.

Printed Name: _____

Signature: _____

Date: _____

Processing Deputy: _____

Date Processed: _____

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Additional Real Estate and/or Personal Property

Account Number	Current Year Ticket Number	District	Map	Parcel

Processing Deputy: _____
Date Processed: _____