



MARY ANN PALMER

TAX ASSESSOR, FORREST COUNTY

CHANGE OF MAILING ADDRESS FORM

Previous Mailing Address:			
City:	State:	Zip:	
New Mailing Address:			
City:	State:	Zip:	
Parcel(s) / PPIN(s)			
1		_	
2		_	
		_	
		_	
5		_	
Person Requesting Change:			
Owner or Relationship to Owner:			
Phone Number:			
Signature:		Date:	
	IN OFFICE USE ONLY		
IN PERSON BY MAIL	BY PHONE	<u> </u>	
DATE CHANGED			
DEPUTY ASSESSOR		DATE	

"We are proud to serve you"