



AUTHORIZATION TO CHANGE MAILING ADDRESS

PLEASE CHECK ONE

- OWNER: _____
- CO-OWNER: _____
- AUTHORIZED AGENT: _____
- EXECUTOR: _____
- ATTORNEY: _____
- FAMILY, SPECIFY: _____
- OTHER, SPECIFY: _____

Office of the Assessor of Real Estate
900 East Broad Street City Hall, Room 802
Richmond, Virginia 23219
(804) 646-5600 (804) 646-5686 (FAX)

(Please Print Legible)

Request a change to the mailing address for my property and billing records for the City of Richmond.

The property address is: _____

Tax Map Number: _____

The Old Mailing Address is: _____

The New Mailing Address is: _____

Date of Request: _____

Phone Number: _____

Comments: _____

E-Mail Address: _____

Signature *(An authorized signature must be on file)*