

# Address Change Request

## Hancock County Auditor

Parcel Number: \_\_\_\_\_

Deeded Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Do you live at the new address?

Email (optional): \_\_\_\_\_ Yes  No

Property Address: \_\_\_\_\_

**New** Mailing Address: \_\_\_\_\_

Additional parcels: \_\_\_\_\_

Taxpayer Request?

Yes  No

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

By submitting this tax billing address change request, the requestor represents and warrants to Hancock County, Indiana and its officials, employees, agents, representatives and contractors as follows: (1) the requestor is an adult with legal capacity to submit this request; (2) the requestor is either (a) the owner of record of the subject real property, or (b) duly authorized by written instrument executed by the owner of record of the subject real property (or by court order) to submit this request; (3) in the event the subject real property is held by a business entity or trust, the requestor is a principal, employee, agent or trustee with all necessary authority to act on behalf of and to legally bind the business entity or trust. Requestor further understands, acknowledges and agrees that it has a continuing legal obligation to provide Hancock County with a correct tax billing address for the subject real property, pursuant to IC 6-1.1-24-4(b).