To: Calhoun County Revenue Commissioner

By signing this form I give permission for any and all notices and bills mailed from the Revenue Commissioners Office to be sent to the new address listed below.

Form must be signed by owners on recorded deed or the Power of Attorney for the recorded Owners.

Are you moving from the property yo	ou currently own i	n Calhoun County? Yes	No
If yes, what date did you move?			
PREVIOUS ADDRESS: (Last nam	ne first)		
NAME			_
STREET ADDRESS			_
СІТҮ	STATE	ZIP	
PARCEL, PPIN NUMBER, OR PRO	OPERTY ADDRES	SS	_
			-
NEW/CURRENT ADDRESS: (Last	t name first)		
NAME			-
STREET ADDRESS			-
CITY	STATE	ZIP	_
DAYTIME PHONE			_
SIGNATURE			
PRINT NAME			
DATE			