



**Department of County Assessor**  
**Terry L Roesch, Assessor**  
**Personal Property Address Change Form**

LAST NAME	FIRST NAME	M/I	
OLD ADDRESS	CITY	STATE	ZIP
NEW ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS IF CHANGING TO A PO BOX.	CITY	STATE	ZIP
DATE MOVED	DAYTIME PHONE #		
EMAIL			

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

**OFFICE USE ONLY**

PREV DISTRICTS

SCH	FIRE	AMB	CTY	RD

CURRENT DISTRICTS

SCH	FIRE	AMB	CTY	RD

\_\_\_\_\_  
ACCT #

\_\_\_\_\_  
CLERK'S INITIALS