

MAILING ADDRESS CHANGE REQUEST

Property Owner of Record

Property Address _____
street

city state zip _____
Map & Parcel ID _____
Change mailing
address to _____ street

city state zip _____
Phone #(s) _____ E-mail _____

Comments _____

* _____
signature of Property Owner or Representative print name of Owner or Representative
date

* The signature of the Property Owner or their Representative is **REQUIRED** in order to make a mailing address change in our records. Please fill out this form and return it to the Property Assessor's office.

MAIL / OR IN PERSON

FAX

EMAIL

Randy E. Turner
Assessor Of Property
901 Main St Ste 106
Maynardville TN 37807

865-992-9833

randy.turner@cot.tn.gov