



PROPERTY VALUATION ADMINISTRATION

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MAILING ADDRESS CHANGE FORM

PLEASE SUBMIT A SEPARATE FORM FOR EACH PROPERTY

BEFORE WE CAN CHANGE A MAILING ADDRESS, YOU MUST COMPLETE ALL FIELDS IN THIS FORM:

PIDN: _____ **DATE:** _____

PROPERTY LOCATION: _____

OWNER NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

Signature of party requesting mailing address change

Printed name of party requesting mailing address change

Relationship to property owner (i.e. self, attorney, POA, etc.)

In Accordance with KRS 134.119 (8)

FOR OFFICE USE ONLY

DAT _____ SF _____

P.V.A. DEPUTY _____