



**BETH MARTIN
ASSESSOR OF PROPERTY
WARREN COUNTY**

201 LOCUST STREET SUITE 5
MCMINNVILLE, TN 37110
PHONE: 931-473-3450 - FAX: (931)-474-3455

CHANGE OF MAILING ADDRESS REQUEST

Property Owner of Record:	
Physical Property Address:	
Current Mailing / Street Address:	
City, State & Zip Code:	
Map / Parcel	

I am requesting to change the Mailing Address for the above referenced property.
The New Mailing Address is as follows:

Property Owner of Record:			
C/O (In Care Of)			
New Mailing Street Address			
City			
State		Zip Code	

I certify that the information contained herein, including any accompanying forms or data, is true, correct, and complete, to the best of my knowledge and belief. I understand this certification is subject to penalties for perjury and I may be subject to statutory penalty and cost if this certification is proven false.

Signature of Property Owner or Company Officer

Printed Name of Property Owner / Company Officer

Company Name & Title of Officer

Date

Contact Telephone Number (w/ Area Code)

*** COMPLETED FORM WITH ORIGINAL SIGNATURE IS REQUIRED.**

RETURN THIS FORM TO: Warren County Property Assessor 201 Locust Street, Suite 5 McMinnville, TN 37110

STATE OF: _____.

COUNTY OF: _____.

Personally appeared before me, the undersigned, a Notary Public in and for the afore mentioned county and state, _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged they executed this change of address form for the purposes therein contained.

Witness my hand and official seal of the date of: _____

My Commission expires : _____

Notary Public