

MAILING ADDRESS CHANGE/CORRECTION

ORLEANS PARISH ASSESSORS OFFICE IS HEREBY AUTHORIZED TO CHANGE/CORRECT THE MAILING ADDRESS ON RECORD:

LOCATION OF PROPERTY: _____

FROM: _____

TO: _____

NAME: _____

PRINT OWNER/AUTHORIZED AGENT'S NAME

OWNER/AUTHORIZE AGENT'S SIGNATURE

DATE: _____

PHONE #: _____

PLEASE ATTACH A COPY OF ID/DRIVERS LICENSE

IF AUTHORIZED AGENT PLEASE ATTACH POWER OF ATTORNEY, NOTARIZED LETTER OF PERMISSION, ETC.

BK/FOL/LN

___/___/___

FOR OFFICE USE ONLY:

BILL #: _____

COMMENTS: _____
