



# CLARENDON COUNTY ASSESSOR'S OFFICE

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Manning, SC 29102  
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Web [www.clarendoncountygov.org](http://www.clarendoncountygov.org)

## CHANGE OF ADDRESS FORM

Property Owner(s) Full Name(s)	Date

### PREVIOUS Address (Please Type or Print Clearly)

Street Number, Street Name or P.O. Box	
City, State, Zip Code	

### NEW Address (Please Type or Print Clearly)

Street Number, Street Name or P.O. Box	
City, State, Zip Code	

### Parcel Number(s) Affected

1)	4)
2)	5)
3)	6)

### Reason for Change


### Person requesting change of address

Are you the Property Owner?    Yes     No     *\* If NO, see note below*

Relationship to Property Owner \_\_\_\_\_

**NOTE: \*If not the Property Owner, attached documentation (Power of Attorney, Personal Representative by Certificate of Appointment for Decedant's Estate, Death Certificate and/or Will) that authorizes you to sign on behalf of the owner**

### NAME AND MAILING ADDRESS IF YOU ARE NOT THE OWNER (Please Print Clearly)

Street /P.O. Box	_____
City, State Zip	_____
Phone Number:	_____
Email Address:	_____

**\*\*\*\*\*PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR STATE ISSUED ID IF MAILING\*\*\*\*\***

Signature(s)	Date

### \*\*\*\*FOR OFFICE USE ONLY\*\*\*\*

File Updated for Tax Year: \_\_\_\_\_ Date Changed: \_\_\_\_\_ Changed By: \_\_\_\_\_