



# DARLINGTON COUNTY ASSESSOR'S OFFICE

1 Public Square, Room 309 • Darlington, SC 29532 • Phone: 843-398-4180 • Fax: 843-398-4002

## *Change of Mailing Address Request Form*

Property Owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

Correct for Tax Year(s): \_\_\_\_\_

Previous Mailing Address: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

### List Map Reference Numbers Requesting Change:

1) \_\_\_\_\_

4) \_\_\_\_\_

2) \_\_\_\_\_

5) \_\_\_\_\_

3) \_\_\_\_\_

6) \_\_\_\_\_

### Legal Residence

A change in the mailing address of the property you have certified as your legal residence could change the classification of your property to 6% instead of the current 4% classification.

**Is the map reference in which you are requesting a mailing address change your legal residence?**

☐ YES ☐ NO

**Will you be changing your legal residency to the location of the new mailing address?**

☐ YES ☐ NO

If you selected YES you must fill out the Special Assessment Application for your new legal residence.

**Comments:** \_\_\_\_\_

Attach a copy of a government issued photo ID. Accepted examples include; driver's license, state issued ID, or military ID.

Type of ID: \_\_\_\_\_ ID Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signatures by agents or trustees must include authorization from owner such as Power of Attorney, memorandum of Trust or Trust Agreement or any other supporting documentation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Form Date: 08/10/2018