



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