

Jim McWhirt
Grant County Auditor

CHANGE OF MAILING ADDRESS FORM

I am the property owner or authorized agent as indicated below regarding the following real estate record(s):

Property Address required

Parcel Number required

_____	_____
_____	_____
_____	_____
_____	_____

(If you need additional property entry lines, please complete another form)

I am requesting the Auditor of Grant County to change the mailing address of Property(ies) listed above to:

Name: required _____

Street: required _____

City: _____ State: _____ Zip: _____

Is this **mailing** address your primary residence? required YES NO

(By checking yes to the above Question, certain deductions may be removed from the former property.)

Phone Number: required _____

Email Address: required _____

By entering your name in the space below, you are conveying your intent to have the property tax bill(s) for the above mentioned properties sent to the requested mailing address per IC 6-1.1-22-8.1. Additionally, per IC 26-2-8-102 entering your name in the space below executes your intent to complete and sign the form electronically. Anyone submitting false information on this form is subject to prosecution.

Name: required _____ Date: required _____

Title if other than owner or NA for not applicable: _____

(If Personal representative or Power of Attorney etc. please submit designating documentation by email to auditor@grantcounty.net or by mail at the address listed below)

401 S ADAMS ST. SUITE 222. MARION, INDIANA 46953

PHONE: 765.668.6552 EMAIL: auditor@grantcounty.net