

**REQUEST TO CHANGE ADDRESS / MAILING ADDRESS
FOR REAL ESTATE CORRESPONDENCE**

Parcel # _____ Parcel # _____

Parcel # _____ Parcel # _____

Current Street Address _____

Current Mailing Address (if any) _____

City _____ State _____ Zip _____

To the offices of the Delaware County Assessor, Auditor and Treasurer:

We hereby request that the mailing address for the above parcel(s) be changed to the following address for purposes of real estate correspondence:

New Street Address _____

New Mailing Address (if any) _____

City _____ State _____ Zip _____

Check one: Titleholder Contract Buyer
 Trustee Other _____

Signature _____

Print Name _____

Date _____

For County Use Only			
Office where originated:	Auditor	Treasurer	Assessor
Employee _____	Date _____		