



PLAQUEMINES PARISH ASSESSOR'S OFFICE

BELINDA HAZEL

PLAQUEMINES PARISH ASSESSOR

CHANGE OF ADDRESS

Date: _____

Assessment #: _____

Property Owner: _____

Physical Address of Property: _____

I, _____, the undersigned, authorize the Plaquemines Parish Assessor's Office to change the mailing address of the property referenced above...

Old mailing address:

New mailing address:

I acknowledge that the change of address does not affect the ownership of the property. The change of address merely directs the mailing of the tax bill by the tax collector. I acknowledge that I have the authorization of other owners, if any, to change the address.

Printed Name: _____

Signature: _____