

JOHNSON COUNTY CHANGE OF TAX MAILING ADDRESS REQUEST FORM

PARCEL NUMBER (REQUIRED)	PROPERTY ADDRESS (REQUIRED)

*If you have more than 5 properties to change, please email jcauditor@johnsoncounty.in.gov for a different form

I am requesting the Johnson County Auditor to change the **tax mailing address** of the properties listed above to:

NAME: _____ PHONE NUMBER: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Is this mailing address your primary residence? YES NO

If your primary residence has changed, date of occupancy: _____

The Johnson County Auditor may follow up to confirm primary residence or if form is filled out incorrectly or is incomplete. If you have any questions, please call the Johnson County Auditor's Office **(317) 346-4310**.

Owner: YES NO If no, what is relationship/authority: _____

Signature of requestor: _____ **Date of request:** _____

Send completed forms by mail to: **Johnson County Auditor, 86 W Court St, Franklin, IN 46131**

Send completed forms by email to: jcauditor@johnsoncounty.in.gov

Send completed forms by fax to: **317-736-7021**

To send this form electronically, print to a PDF & then save the document in your preferred location. Use the email address jcauditor@johnsoncounty.in.gov and add the saved form as an attachment.

Or print the form, scan it, and email it to jcauditor@johnsoncounty.in.gov

For Johnson County Auditor Use Only :

Date change was made: Initials:

Request made by: COUNTER EMAIL MAIL

Verified: Initials: