

Change of Address Form

Parcel Number(s): \_\_\_\_\_

Deeded Owner's Name: \_\_\_\_\_

Old Mailing Address: \_\_\_\_\_

Are Deductions Being Removed? \_\_\_\_\_

What Year? \_\_\_\_\_ Pay \_\_\_\_\_ Initials: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

How many parcels owned in Howard County? \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason for Change of Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Note: Must have signature to be valid.

Please mail forms to:

Howard County Auditor's Office  
220 N. Main St. Rm. 222  
Kokomo, IN 46901