



Collin Central Appraisal District

CHANGE OF ADDRESS BY PROPERTY OWNER

OWNER NAME(S): _____

PROPERTY INFO: (provide Property ID and/or Property Address)

(list all property for address change, attach list if necessary)

Change the address on any/all property with matching owner name above? Yes No

EXEMPTIONS:

Remove exemptions on property? Yes No

Tax Year(s) exemptions are to be removed for: _____

Date moved from property: _____

If new address is a PO Box, are you still residing at the property? Yes No

OLD ADDRESS:

NEW ADDRESS:

CONTACT INFO:

_____ Daytime Phone

_____ Email Address

Person requesting change of address on the above property: _____
(Date)

Printed Name

Signature

*****Please return to our office at the address or fax number shown below*****