

PROPERTY BILL ADDRESS CHANGE FORM

PORTER COUNTY INDIANA, OFFICE OF THE AUDITOR VICKI URBANIK, AUDITOR

Only authorized persons may make	an address cha	nge. Please	indicate your	status belov	V: (Check only one)
Owner of Record	ord Power of Attorney (please attach authorizing documents)				
Trustee of the Trust	Authorized Business Representative (please attach authorizing documents).				
I am requesting the Porter County Indiana Auditor I hange the mailing address of the property listed below:					
			yes, deductions in pl apply for any deduc		cted. Please ensure you are eligible.
Agreement and Contact Information:					
By entering your name below, you are conveying your intent to have the property tax bill for the above property sent to the requested new mailing address per IC 6-1.1-22-8.1. Anyone submitting false information on this form is subject to prosecution.					
I affirm that I am the owner of record or other authorized persons to request this address change:					