



CAPE GIRARDEAU COUNTY, MISSOURI
Tax Billing Change of Address Request Form
(Each account requested must have a separate form.)

1 Barton Square, Suite 201, Jackson MO 63755
573-243-3123 or assessor@capecounty.us

Date:

Clerk:

What is your relationship to the property owner?

Owner:

POA/Agent/Trustee:

Lienholder:

Contact Information (Person making request.)

Name	
Contact Phone	
Street Address	
City, State, Zip Code	
Email Address	

Account Information

Property Owner	
Previous Property Address (Address & City)	
Parcel ID Number or Personal Property Acct Number	
New Billing Contact Name	
New Billing Street Address	
New Billing City, State, Zip Code	
Reason for change of billing (i.e. Owner moved, death or incapacitation, change of lienholder, etc.?)	
Date Moved	
Do you still own the property named above?	Yes No Not Applicable
Signature of Authorized Requestor: <i>(By signing here, you attest that you have full and legal authority to request this change of billing address.)</i>	

Property Type: Residence Business Farm Personal Property

Notes

For Office Use Only	
Mailing Address Assigned/Verified	
Contact Name:	
Address 1:	
Address 2:	
City, State, Zip Code:	

Approved by: _____ Date: _____