

TAX STATEMENT ADDRESS CHANGE

DATE OF CHANGE

REQUEST: _____

NAME: _____

ADDRESS: _____

PARCEL

NUMBERS: _____

SIGNATURE OF DEEDED OWNER: _____

REURN TO: MARSHALL COUNTY AUDITOR'S OFFICE

112 W JEFFERSON ST ROOM 205, PLYMOUTH, IN 46563

AUDITOR

ASSESSOR

UPDATE: _____ INITIALS: _____

UPDATE: _____ INITIALS: _____

FILED: _____