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