



Office of Judith A. Sharp

Monroe County Assessor

CHANGE OF MAILING ADDRESS REQUEST

As the property owner or authorized representative of the real estate parcel (s) shown in Section A, I request that the mailing address be changed to the address shown in Section B

(if this request is being made by an authorized representative, please submit legal documentation)

SECTION A

18 Digit Parcel # (required)	Property Location Address (required)

You may attach a spreadsheet for additional parcels owned.

SECTION B

Owner Name _____	Phone (required) _____
Mailing Address - Street _____	
Apt # or Suite # _____	
City _____	State _____ Zip _____

By completing this form, I am requesting that all correspondence from the Monroe County Assessor be sent to the mailing address shown above.

Signature: _____

Date: _____

Printed Name: _____ Authorized Representative: Yes ☐ No ☐

***If you would like your tax bills mailed to the address shown above check this box* ☐

PLEASE SUBMIT COMPLETED FORMS TO:

Judith A. Sharp
Monroe County Assessor
100 W. Kirkwood Avenue, Room 104
Bloomington, IN 47404
Attn: Lisa Surface

Office use Only

Date Processed _____

Processed by _____