



**AUTHORIZATION TO CHANGE MAILING ADDRESS**

**PLEASE CHECK ONE**

- |  |   |
|--|---|
| <input type="checkbox"/> OWNER: _____            | <input type="checkbox"/> ATTORNEY: _____        |
| <input type="checkbox"/> CO-OWNER: _____         | <input type="checkbox"/> FAMILY, SPECIFY: _____ |
| <input type="checkbox"/> AUTHORIZED AGENT: _____ | <input type="checkbox"/> OTHER, SPECIFY: _____  |
| <input type="checkbox"/> EXECUTOR: _____         |   |

**Office of the Assessor of Real Estate  
900 East Broad Street City Hall, Room 802  
Richmond, Virginia 23219  
(804) 646-7500 (804) 646-5686 (FAX)**

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*(Please Print Legible)*

Request a change to the mailing address for my property and billing records for the City of Richmond.

The property address is: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

The Old Mailing Address is: \_\_\_\_\_

The New Mailing Address is: \_\_\_\_\_

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Date of Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Comments: \_\_\_\_\_

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E-Mail Address: \_\_\_\_\_

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**Signature**