JOHNSON COUNTY ASSESSOR’S OFFICE
Change of Address Form

Owner name (as recorded on deed) _______________________________________________________
_____________________________________________________________________________________

Account Number(s): _________________________________________________________________

Physical description of property: _______________________________________________________

Current Address on File: __________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

New Address effective date: _____/_____/_________

New Address: _______________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signed this __________day of ______________, 20_____.

_____________________________________________________________________________________

Signature

_____________________________________________________________________________________

Printed Name

_____________________________________________________________________________________

Phone/Email

PLEASE NOTE: This form must be signed by the CURRENT record owner in order to process the request. Please send this request to drobinson@johnsoncowy.us and it will be processed promptly.