



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.