



MADISON COUNTY AUDITOR'S OFFICE

ANDERSON, INDIANA

Jane Lyons, Auditor

CHANGE OF MAILING ADDRESS FORM

I am the property owner or Power of Attorney as indicated below regarding the following real estate record (s):

STATE PARCEL NUMBER

PROPERTY ADDRESS

I am requesting the Auditor of Madison County to change the mailing address of property (ies) listed above to:

Name _____

Street _____

City _____ State _____ Zip _____

Is this mailing address your primary residence? Yes _____ No _____

(By checking yes to the above question, certain exemptions may be removed from the former property)

Please contact our office at (765) 641-9422 if you have any questions.

Phone Number _____

Signature _____ Print Name _____

Title other than Owner _____

(If Personal Representative or POA, please submit designating documentation)

PLEASE RETURN THIS FORM TO:

**Madison County Auditor's Office, % Sue Barth, 16 E. 9TH St., Anderson, IN 46016 or
sbarth@madisoncounty.in.gov**