



I am the property owner or authorized agent as indicated below regarding the following real estate record(s):

Property Street Address (required)

Parcel Number (required)

I am requesting the Auditor of Jefferson County to change the mailing address of the properties listed above to:

Name _____ Phone Number _____

Street _____

City _____ State _____ Zip _____

Is this mailing address your primary residence? Yes No

By entering your name in the space below, you are conveying your intent to have the property tax bill(s) for the listed properties only sent to the requested mailing address per IC 6-1.1-22-8.1. Additionally, per IC 26-2-8-102 entering your name in the space below executes your intent to complete and sign the form electronically. Anyone submitting false information on this form is subject to prosecution.

Signature _____ Date _____

Failure to receive a tax statement does not relieve the taxpayer of the responsibility for payment and penalties when delinquent.

Submit completed forms to:

Email: heather.huff@jeffersoncounty.in.gov

Mail: Jefferson County Auditor

300 E. Main Street Rm 101

Madison, IN 47250