

**Real Property Services (Assessor)** PO Box 6122 Moncks Corner SC 29461-6120

Wilson T. Baggett, Assessor

Visit us at: www.berkeleycountysc.gov

## **ADDRESS CHANGE FORM**

Parcel (Tax Man) Nun	iher (s)	Mobile Home Decal Number
		THE ADDRESS CHANGE <u>CANNOT</u> BE PROCESSED
Name(s) Currently Sh	own on Tax Bill	
- ····································		CLUDE A DEATH CERTIFICATE IF CURRENT OWNER IS DECE
Address Currently Sh	own on Tax Bill	
	Address	
	City	
	State	Zip Code
New Address to be sh	own on Tax Bill Address	
	City	
	State	Zip Code
CHANGE REQUESTED B	Y: (PLEASE PRINT)	
REASON FOR CHAN	IGE ( <i>REQUIRED</i> )	
OWNER SIGNATURE: (IF YOUR NAME IS DIFF RELATIONSHIP TO OW)	ERENT THAN THE NAME CURI	RENTLY NOTED ON THE TAX BILL, PLEASE EXPLAIN YOUR
DATE	PHONE NUM	MBER
ADDRESS CI		BE PROCESSED IF ALL INFORMATI( T PROVIDED
	Offic	ce Use Only

Revised 10-1-16