

**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:<br>(IF YOUR NAME IS DIFF<br>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(<br>T PROVIDED       |
|  | Offic                    | ce Use Only  |
|  |                          |  |

Revised 10-1-16