

**PERSONAL PROPERTY
CHANGE OF ADDRESS**

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501 TEXAS STREET, RM. 102, SHREVEPORT, LOUISIANA 71101

I HEARBY AUTHORIZE YOUR OFFICE TO MAKE THE FOLLOWING CHANGE OF ADDRESS ON
THE ____ ASSESSMENT ROLL.

NAME IN WHICH PROPERTY IS ASSESSED _____

ACCOUNT NUMBER: TOWN TAX CODE:

NEW MAILING ADDRESS

C/O NAME: _____ *INITIAL* _____
ADDRESS: _____ *INITIAL* _____
CITY: _____ *INITIAL* _____
STATE: _____ *INITIAL* _____

PROPERTY LOCATION

STREET: _____
SIGNATURE: _____ DATE: _____
PRIMARY PHONE NUMBER: _____ SECONDARY: _____

_____ I HAVE READ THE ABOVE INFORMATION AND CERTIFY THAT THE INFORMATION IS TRUE AND CORRECT TO
THE BEST OF MY KNOWLEDGE.

FOR OFFICE USE:
RECEIVED BY: _____ **DATE RECEIVED:** _____