

**REAL PROPERTY
CHANGE OF ADDRESS**

DR. REGINA WEBB, ASSESSOR FOR CADDO PARISH
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: _____