

**PERSONAL PROPERTY  
CHANGE OF ADDRESS**

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501 TEXAS STREET, SUITE 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:** \_\_\_\_\_