

**REAL PROPERTY  
CHANGE OF ADDRESS**

DR. REGINA WEBB, ASSESSOR FOR CADDO PARISH  
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:** \_\_\_\_\_