



REQUEST FOR CHANGE OF ADDRESS



This form is used to change the address on real property and personal property tax notice(s). ***THE PERSON REQUESTING THE CHANGE OF ADDRESS MUST HAVE INTEREST/OWNERSHIP OF THE PROPERTY.***

If the address change is for a licensed motor vehicle, please contact the Department of Motor Vehicles.

Please sign, date, and provide a telephone number on the bottom of this form. The change of address will not be processed without a signature.

This form may be faxed to (910) 947 - 6340 or mailed to :

Moore County Tax Department
PO Box 457
Carthage, NC 28327

Should you have additional questions, please call (910) 947- 2255 or email us at taxadmin@moorecountync.gov.

Name(s) on Property Account Number(s)

_____ Parcel ID (if real property) _____

Former Address New Address

*****Must be completed by person requesting address change*****

Printed Name _____ Daytime Phone Number _____

Signature _____ Date _____

FOR OFFICE USE ONLY
Address Changed By _____ Date Changed _____