

MAILING ADDRESS CHANGE FORM

OWNER NAME: _____

OWNER NUMBER(S): _____

PROPERTY ID(S) or ALL: _____

CURRENT ADDRESS: _____

NEW ADDRESS: _____
(PLEASE PRINT)

WHAT AUTHORITY DO YOU HAVE TO CHANGE THE MAILING ADDRESS?
(example: Owner, Power of Attorney, Executor of Estate, etc...)
You must provide documentation if you are not current owner as shown at top of form.

NAME & PHONE NO. OF INDIVIDUAL REPORTING CHANGE OF ADDRESS:

Print Name: _____ Phone No. _____

eMail: _____

Signature: _____ Date: _____

NO ADDRESS CHANGES OVER THE PHONE ARE ALLOWED. WE WILL PRINT AND MAIL THIS CHANGE FORM UPON REQUEST. THIS MUST BE SIGNED AND RETURNED TO COMPLETE THE CHANGE OF MAILING ADDRESS.

-----CCAD Office Use below line-----

NAME OF INDIVIDUAL RECEIVING CHANGE: _____

SOURCE OF ADDRESS CHANGE: (CHECK ONE)

____ OVER THE COUNTER

____ OTHER: (INDICATE SOURCE) _____

DATE FORM WAS PRINTED: 08/17/17



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