CITY OF ST LOUIS
REAL PROPERTY
CHANGE OF ADDRESS FORM

CITY OF ST LOUIS
OFFICE OF THE ASSESSOR
1200 MARKET STREET
ROOM 114 – CITY HALL
ST LOUIS, MISSOURI 63103
FAX #: 314-622-5594

PARCEL NUMBER_____

THIS IS TO VERIFY THAT AS OF THIS DATE_____,
I REQUEST THAT THE MAILING ADDRESS FOR THE FOLLOWING ADDRESSES OF REAL PROPERTY THAT I OWN WITHIN THE CITY OF ST. LOUIS BE CHANGED TO THE FOLLOWING:

1. ADDRESS(ES) OF PROPERTY OWNED:

_____ _____

_____ _____

2. PLEASE MAIL TO THE FOLLOWING ADDRESS:

_____

_____

3. OWNER OF RESIDENCE STREET ADDRESS: (If Owner is a Business Entity, at least one officer or shareholder and their principal place of residence must be indicated):

_____

_____

4. E-MAIL ADDRESS:_____

5. TELEPHONE NUMBER: ( )_____-_____

6. SIGNATURE:

_____

_____

7. PRINT NAME ON ABOVE LINE (AND RELATION TO PROPERTY OWNER)

8. DESIGNATED AUTHORIZED AGENT FOR RECEIPT OF NOTICE
(For Property owner residing outside of Missouri or Illinois)
(MUST BE A MISSOURI OR ILLINOIS OR RESIDENCE ADDRESS)

NAME:_____

ADDRESS:_____

TELEPHONE NUMBER: ( )_____-_____

This form can be mailed to the above address or faxed to (314)622-5594