

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 Missouri or Illinois)
(MUST BE A MISSOURI OR ILLINOIS OFFICE OR RESIDENCE ADDRESS)

NAME : _____

ADDRESS: _____

TELEPHONE NUMBER: () _____ - _____