

NAME: _____ DATE: _____

NEW NAME: _____

C/O: _____

ADDRESS: _____

NEW ADDRESS: _____

SITUS: _____

PIN / LR NUMBER: _____

NOTES: _____

_____ DEED BK / PG: _____

REQUESTER'S NAME _____ PHONE#: _____

SIGNATURE: _____ CLERK'S INITIALS: _____

I hereby request these changes to be made to my record(s) in the tax office. **(Signature required.)**
Please mail completed form to: P.O. Box 449 Fayetteville, NC 28302-0449