

**COLEMAN COUNTY APPRAISAL DISTRICT  
PO BOX 914 – 105 S COMMERCIAL AVE  
COLEMAN, TX 76834  
325-625-4155**

**CHANGE OF ADDRESS FORM**

*Please complete this request for the property accounts on which you wish to change the mailing address and return to the Coleman County Appraisal District. No address will be changed without proper completion of this form.*

Property Owner Name: \_\_\_\_\_

Previous Mailing Address: \_\_\_\_\_

Property ID # \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID # \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID # \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID # \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID # \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID # \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID # \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID # \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID # \_\_\_\_\_ Property Address: \_\_\_\_\_

Property ID # \_\_\_\_\_ Property Address: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

***I certify that I am the owner or legal representative of the above-named property and have the full legal authority to request to change the mailing address on the above account(s). I understand that by changing the address, all notices from the appraisal district will be forwarded to the new address.***

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title if not owner: \_\_\_\_\_ Date signed: \_\_\_\_\_