



“In Care Of” CHANGE OF ADDRESS FORM

Print taxpayer’s name, property address, Parcel Identification Number (Pin) exactly as shown on tax records.

Tax Payer Name _____
PIN # _____

Property Address _____

I am requesting the Auditor of Allen County to change the mailing address of tax bills and any other notices generated by this office and to send them to the following address. In doing so, I understand that all of the correspondence regarding property tax will be sent to the following address.

In Care Of _____

Street _____

City _____ State _____ Zip _____

Is this person a contract buyer? Yes _____ No _____ (Please check one)

Phone Number _____

Signature _____ Printed Name _____

Title if other than Owner _____
(If Personal Representative or Power of Attorney etc. please submit designating documentation)