



POST OFFICE BOX 307 LIVINGSTON, LA 70754  
PHONE: (225) 686-7278  
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## CHANGE OF ADDRESS FORM

Date: \_\_\_\_\_

Ward: \_\_\_\_\_

Assessment #: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Livingston Parish Assessor's Office to change my mailing address as follows:

**OLD ADDRESS:** \_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_

***\*Important Note\**** It is the property owner's responsibility to notify your city or town hall of any address change if your tax department is inside the city limits.

Owner/Representative's Signature: \_\_\_\_\_

If representative, identify relationship or title, and specify if owner is deceased: \_\_\_\_\_

**OFFICE USE:**

Deputy Assessor: \_\_\_\_\_

Date Received: \_\_\_\_\_