

**Angie Jarvis**  
**Grant County Auditor**

---

---

**CHANGE OF MAILING ADDRESS FORM**

I am the property owner or authorized agent as indicated below regarding the following real estate record(s):

Property Address required

Parcel Number required

_____	_____
_____	_____
_____	_____
_____	_____

(If you need additional property entry lines, please complete another form)

I am requesting the Auditor of Grant County to change the mailing address of Property(ies) listed above to:

Name: required \_\_\_\_\_

Street: required \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this **mailing** address your primary residence? required  YES  NO

(By checking yes to the above Question, certain deductions may be removed from the former property.)

Phone Number: required \_\_\_\_\_

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

By entering your name in the space below, you are conveying your intent to have the property tax bill(s) for the abovementioned properties sent to the requested mailing address per IC 6-1.1-22-8.1. Additionally, per IC 26-2-8-102 entering your name in the space below executes your intent to complete and sign the form electronically.

Anyone submitting false information on this form is subject to prosecution.

Name: required \_\_\_\_\_ Date: required \_\_\_\_\_

Title if other than owner or NA for not applicable: \_\_\_\_\_

(If Personal representative or Power of Attorney etc. please submit designating documentation by email to [auditor@grantcounty.net](mailto:auditor@grantcounty.net) or by mail at the address listed below)

401 S ADAMS ST. SUITE 222. MARION, INDIANA 46953

PHONE: 765.668.6552 EMAIL: [auditor@grantcounty.net](mailto:auditor@grantcounty.net)