

# Tax Mailing Address Correction/Change

Lake County Auditor's Office

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

Requester's (Taxpayer's) name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

I hereby certify that I am authorized to request the above mailing change for the listed parcel number(s).

Signature \_\_\_\_\_

Parcel Number(s) \_\_\_\_\_

\_\_\_\_\_