

Mailing Address Form

**Please list all parcel numbers affected by the address change.**

Property Owner of Record: \_\_\_\_\_

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

Property Address: \_\_\_\_\_

Property Description: \_\_\_\_\_

I am requesting to change the mailing address for the above property.

The new mailing address is as follows:

Care of Name (c/o if applicable) \_\_\_\_\_

Street or P. O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip (+4) \_\_\_\_\_

Phone number: \_\_\_\_\_

Reason for change: \_\_\_\_\_

The undersigned owner or legally authorized officer/representative does hereby authorize the Bienville Parish Assessor's Office to change the mailing address on the above described account.

\_\_\_\_\_  
Property Owner Signature                      Printed Name                      Date

\_\_\_\_\_  
Property Owner Signature                      Printed Name                      Date

Return this form to: Bienville Assessor's Office – 100 Courthouse Drive, Suite 1200 – Arcadia, LA 71001

For questions, call: (318) 263-2214