



CITY OF CARO NAME AND ADDRESS CHANGE FORM

EFFECTIVE: 11/05/09

EFFECTIVE DATE OF CHANGE: _____

NAME & ADDRESS TO BE CHANGED FROM:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP-CODE: _____

PHONE NUMBER: _____

NAME & ADDRESS TO BE CHANGED TO:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP-CODE: _____

PHONE NUMBER: _____

SERVICE ADDRESS IF DIFFERENT THAN MAILING ADDRESS:

UTILITY BILLING ACCOUNT NUMBER: _____

PARCEL NUMBER: _____

REASON FOR CHANGE: _____

_____ **BUSINESS**

_____ **RESIDENCE**

COPY SENT TO: _____ **COUNTY TREASURER**

SIGNATURE OF OWNER: _____

DATE: _____