

VERMILLION COUNTY AUDITORS OFFICE

Mailing and Property Address Change

Parcel Number: _____

Taxpayer Name: _____

Do you reside on this parcel: _____

Phone1: _____ Phone2: _____ Phone3: _____

New Address: _____

City: _____ State: _____ Zip: _____

Signature of taxpayer: _____ Date: _____

Below is for Office Use Only

Date of change: _____ By: _____

Date request received: _____