

**Change of Address Form**

Account (Prop ID) No.: \_\_\_\_\_

School District: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Previous Address: \_\_\_\_\_

New Address: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**If not the owner, but have authority to act on behalf of the owner, please provide documentation and complete the form below.**

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

Relationship to owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

For FCAD use only:

Changed by: \_\_\_\_\_ Date: \_\_\_\_\_