



**MADISON COUNTY AUDITOR'S OFFICE**  
ANDERSON, INDIANA

**Todd Culp, Auditor**

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**CHANGE OF MAILING ADDRESS FORM**

I am the property owner or Power of Attorney as indicated below regarding the following real estate record (s):

**STATE PARCEL NUMBER**

**PROPERTY ADDRESS**

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I am requesting the Auditor of Madison County to change the mailing address of property(ies) listed above to:

Name 

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Street 

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City 

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 State 

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 Zip 

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Is this mailing address your primary residence? Yes 

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 No 

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(By checking yes to the above question, certain exemptions may be removed from the former property)  
Please contact Auditors office at (765) 641-9419 if you have any questions.

Phone Number 

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Print 

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Signature 

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Title other than Owner 

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(If Personal Representative or POA, please submit designating documentation)

**PLEASE RETURN THIS FORM TO:**  
**Madison County Auditor's Office,**  
**16 E. 9TH St. Room 101, Anderson, IN 46016**