CHANGE NOTIFICATION OR REQUEST

Name LAST FIRST MIDDLE

Current Residence: STREET CITY COUNTY STATE ZIP CODE

Appraisal Business Address: STREET CITY COUNTY STATE ZIP CODE

Home Telephone (area code) _____ Business Telephone (area code) _____

NAME CHANGE

From _____ To _____

ADDRESS CHANGE

New Residence Address _____

New Business Address _____

FOR MAILING PURPOSES, CHOOSE ONE: ☐ **Residence Address** ☐ **Business Address**

TELEPHONE NUMBER CHANGE

Change Home Number to (____) _____ Change Business Number to (____) _____

SUPERVISOR/APPRENTICE CHANGE

Cancel Supervisor _____ Cancel Apprentice _____

Add Supervisor _____ (Must attach Supervisor's Oath & Affidavit)

Supervisor Address _____

Date _____ Signature _____

Permit/License/Certification Number _____ Social Security Number _____

FOR OFFICE USE ONLY

Date Received

☐ Paradox ☐ Files Updated