

Form AC-01
Mailing Address Change

Please use separate forms for multiple assessment numbers.

Property Owner of Record: _____

Assessment #: _____

Property Address: _____

Property Description: _____

I am requesting to change the mailing address for the above property.

The new mailing address is as follows:

Care of Name (if applicable): _____

Street or PO Box: _____

City: _____ State: _____ Zip (+4): _____

Reason for Change: _____

Phone Number: _____

The undersigned owner or legally authorized corporate officer/representative does hereby authorize the Lafayette Parish Assessor's office to change the mailing address on the above described account.

Property Owner/Business Owner SIGNATURE PRINT Name of person signing Date

Return this form to:

Lafayette Parish Assessor
Attn: Address Change
PO Box 3225
Lafayette, LA 70502-3225

For questions call:
Information Department
(337) 291-7080