

COMAL APPRAISAL DISTRICT CHANGE OF MAILING ADDRESS FORM

Owner(s) Name: _____
Please Print

If you wish to have the mailing address changed on multiple properties, please list each property by account number or give the property location(s). Should you require additional space, please attach it to this change of mailing address form. *This effective date of change will be when the Appraisal District Office receives the request.

CHANGE ONLY THIS ACCOUNT: _____

CHANGE ALL ACCOUNTS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

NEW MAILING ADDRESS:

Address (Number & Street)

Apt/Suite No.

City

Phone Number

State / Zip

Fax Number

I hereby authorize Comal Appraisal District to update my mailing address to that listed above.

Printed Name

Signature

Date

Mail or Fax completed form to:

Comal Appraisal District, 900 S. Seguin Ave, New Braunfels, TX 78130

Fax: 830-625-8598

Feel free to contact us at 830-625-8597 with questions concerning this document.