

**REQUEST FOR ADDRESS OR PARCEL CHANGE**  
**ASSESSMENT YEAR \_\_\_\_\_**

*This form is required to be filled out and signed before any changes will be made to a property in Knox County. When completed please deliver or mail to the Knox County Assessment office. (Unless a request is received by a legal entity)*

1. Name: \_\_\_\_\_ Twp.: \_\_\_\_\_ Parcel No.: \_\_\_\_\_

2. **Now Reads:**

Ownership: \_\_\_\_\_

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

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

Other: \_\_\_\_\_

NOTE: Legal Documents will be required for some changes.

**Should read as follows:** \_\_\_\_\_

\_\_\_\_\_

3. **Reason for change:** \_\_\_\_\_

\_\_\_\_\_

4. Owner: \_\_\_\_\_ Legal POA: \_\_\_\_\_ Trustee: \_\_\_\_\_ Other: \_\_\_\_\_

5. E-mail: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

6. Print Name: \_\_\_\_\_ Date requested: \_\_\_\_\_

7. Signature: \_\_\_\_\_

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INTERNAL USE ONLY

ASSESSOR NOTIFIED (IF NECESSARY) \_\_\_\_\_

DEVNET CORRECTED \_\_\_\_\_ PRC CHANGED \_\_\_\_\_

EXEMPTION ADDED/REMOVED \_\_\_\_\_

ASSESSOR BOOK CHANGED (IF NECESSARY) \_\_\_\_\_

CHANGE MADE BY \_\_\_\_\_

DATE CHANGES MADE \_\_\_\_\_