

CITY OF ST. LOUIS
OFFICE OF THE ASSESSOR
1200 MARKET STREET
ROOM 114 – CITY HALL
ST. LOUIS, MISSOURI 63103

PARCEL NUMBER _____

THIS IS TO VERIFY THAT AS OF THIS DATE, _____,
I REQUEST THAT THE MAILING ADDRESS FOR THE FOLLOWING
ADDRESSES OF REAL PROPERTY THAT I OWN WITHIN THE CITY OF ST.
LOUIS BE CHANGED TO THE FOLLOWING:

ADDRESS (S) OF PROPERTY OWNED:

_____	_____
_____	_____
_____	_____

PLEASE MAIL TO THE FOLLOWING ADDRESS

SIGNATURE OF PERSON REQUESTING THE CHANGE OF ADDRESS:

PRINT NAME ON ABOVE LINE

WHAT IS YOUR RELATIONSHIP TO THE PROPERTY OWNER