



ADDRESS CHANGE FORM

Date: _____

Tax Map Number: _____

Previously Assigned Address: _____

Reason for Change: _____

Owner Name (print): _____

Owner Signature: _____

Commonwealth of Virginia, City/county of _____, to-wit:
Acknowledged and subscribed before me a Notary Public in and for the jurisdiction aforesaid
this day _____ of _____, 20_____.

Notary Public _____

Notary registration number: _____

My commission expires: _____

(THIS SECTION TO BE COMPLETED BY COUNTY STAFF)

Acreage _____ **Zoning** _____ **Road: Public or Private**

Address Assigned: _____

Staff Member (print): _____

Staff Signature: _____