



CERTIFICATE OF EXCELLENCE IN
ASSESSMENT ADMINISTRATION

ELBERT COUNTY

OFFICE OF THE COUNTY ASSESSOR



Mailing Address Change

Date: _____

Contact Name: _____

Email: _____ Phone: _____

Property Account/Schedule #: _____

Old Mailing Address: _____

New Mailing Address: _____

I affirm that I am the current owner of this property and I am aware that all future correspondence and mailings will be sent to this address.

Owner

Signature