



Personal Property Address Change Form

Bob Boyer

Jefferson County Assessor

DATE

LAST NAME

FIRST NAME

M/I

SPOUSE

M/I

PREVIOUS ADDRESS

CITY

STATE

ZIP

NEW ADDRESS

CITY

STATE

ZIP

PHYSICAL ADDRESS (If changing to a PO BOX)

CITY

STATE

ZIP

DATE MOVED

SIGNATURE

PHONE #

PLEASE PRINT THIS FORM AND ONCE COMPLETED EMAIL, FAX OR MAIL TO:

DEPARTMENT OF THE COUNTY ASSESSOR

PO BOX 100

HILLSBORO, MO 63050-0100

EMAIL: ppassessor@jeffcomo.org

FAX: 636-797-5083

PHONE: 636-797-5343

OFFICE USE ONLY

NEW TAX DISTRICTS:

SCHOOL	FIRE	AMB	ROAD	CITY

CLERK: _____

ACCOUNT #: _____

THIS FORM DOES NOT CHANGE OWNERSHIP