



**JOHNSON COUNTY ASSESSOR'S OFFICE**  
**Change of Address Form**

Owner name (as recorded on deed) \_\_\_\_\_

\_\_\_\_\_

Account Number(s): \_\_\_\_\_

Physical description of property: \_\_\_\_\_

Current Address on File: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Address effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Phone/Email

**PLEASE NOTE:** This form must be signed by the **CURRENT** record owner in order to process the request. Please send this request to [assessor@johnsoncowy.us](mailto:assessor@johnsoncowy.us) and it will be processed promptly.