

**SALUDA COUNTY ASSESSOR'S OFFICE  
100 EAST CHURCH STREET  
SALUDA, SC 29138  
(864) 445-4500**

**STATEMENT OF ADDRESS CHANGE**

I DO HEREBY AUTHORIZE THE ASSESSOR TO CHANGE MY MAILING ADDRESS OR ADDRESSES REALIZING THAT ALL CORRESPONDENCE WILL BE FORWARDED TO THE ADDRESS OR ADDRESSES AS LISTED BELOW.

**LIST ALL TAX MAP NUMBERS TO BE CHANGED**

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**PREVIOUS ADDRESS**

**NAME:** \_\_\_\_\_

**C/O:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CHANGE TO**

**NAME:** \_\_\_\_\_

**C/O:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
LEGAL OWNER/LEGAL AGENT