



OFFICE USE ONLY
Date Received: _____

ADDRESS CHANGE REQUEST

Request must be completed by an owner, corporate officer of the entity that owns the property, or authorized agent. Authorized agents will need to provide a copy of a power-of-attorney document or a completed Letter of Authorization form available from the City Assessor's Office or [online](#).

Return by mail: City Assessor _____ or Return by email: assessor@portsmouthva.gov
P. O. Box 820
Portsmouth, VA 23705-0820 Return by fax: (757) 393-8177

EMAIL REQUESTS SHOULD CONTAIN AN IMAGE OF THIS COMPLETED CERTIFICATION WITH ORIGINAL SIGNATURE. IF COMPLETING BY HAND PLEASE PRINT.

PROPERTY ADDRESS (ES) AND RECORDED OWNERSHIP

Street Address: _____ Map/Parcel #: _____

Street Address: _____ Map/Parcel #: _____

Street Address: _____ Map/Parcel #: _____

(If more than three addresses require a change, list them on another form.)

Owner of Record: _____

Requesting Party: _____
(Owner, Corporate Officer or Authorized Agent)

NEW MAILING ADDRESS

Street Address: _____

City, State, Zip: _____

Phone: _____

CERTIFICATION

I declare and certify under penalty of perjury that the foregoing and all the information hereon, including any accompanying statements or documents, is true and correct.

Given under my hand this _____ day of _____, 20_____.

Print Name of Owner/Agent

Signature of Owner/Agent

Owner/Agent Phone