

DOUGLAS COUNTY APPRAISAL DEPARTMENT

CHANGE OF ADDRESS FORM

NAME (print): _____

PHONE # _____

EMAIL: _____

() REAL PROPERTY - DESCRIPTION/ADDRESS: _____

() BUSINESS/BOAT/AIRPLANE ACCT. #: _____

PREVIOUS ADDRESS: _____

CURRENT ADDRESS: _____

SIGNATURE: _____ (Required)

DATE: _____

A COPY OF DRIVER'S LICENSE MUST BE FURNISHED WITH REQUEST TO VERIFY OWNERSHIP

Email form to: property@co.douglas.ga.us or mail to: Douglas County Appraisal Department
8700 Hospital Dr., Douglasville, GA 30134
770-920-7228