

CITY OF BRUNSWICK  
CHANGE OF MAILING ADDRESS AND CORRECTION FORM

Please complete and submit this form to request a change of mailing address and/or correction.

Check the box that applies:

- Legal owner of the property.
- An individual who is not the legal property owner (must provide documentation to substantiate relationship to the owner(s) or legal interest in the property).
- An attorney (must provide attorney letter or copy of Power of Attorney stating the relationship to owner).
- Trustee (must provide a will or testamentary documents with their name listed).
- Business owner or representative (property in the name of a business may send written correspondence or complete this form on behalf of the company).

Name: \_\_\_\_\_

Property address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Date moved or no longer occupied property address: \_\_\_\_\_

I do swear or affirm that the above facts are true and accurate.

\_\_\_\_\_  
Signature Daytime phone number Date

\_\_\_\_\_  
Print Name Relationship to owner

Please return this form to the City of Brunswick Tax Department:

By mail: PO Box 550  
Brunswick, GA 31521

In person: City Hall  
601 Gloucester St.  
Brunswick, GA 31520

Email to: [tedwards@cityofbrunswick-ga.gov](mailto:tedwards@cityofbrunswick-ga.gov)

OFFICE USE ONLY: Date processed _____ Parcel ID _____ Address Changed? Yes or No Tax Year _____
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