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:

O relationship to the O An attorney (mus owner). O Trustee (must pro Business owner	e property. to is not the legal property owner (must provide documentation to substante owner(s) or legal interest in the property). t provide attorney letter or copy of Power of Attorney stating the relationship vide a will or testamentary documents with their name listed). or representative (property in the name of a business may send wr r complete this form on behalf of the company).	ip to
Name:		
Property address:	Parcel Number:	
Mailing address:		
Date moved or no longer	occupied property address:	
I do swear or affirm that t	he above facts are true and accurate.	
Signature	Daytime phone number Date	
Print Name	Relationship to owner	
Please return this form and	d proof of identity to the City of Brunswick Tax Department:	
By mail or e-mail:	PO Box 550 Brunswick, GA 31521	
	or	
	tax @cityofbrunswick-ga.gov	
In person:	City Hall 601 Gloucester St. Brunswick, GA 31520	
OFFICE USE ONLY: Date processed Address Changed? Yes of Tax Year	Parcel ID or No	