 **RHONDA K STAFFORD Logan County Annex Building**Logan County Treasurer 100 S Madriver Suite 104
treasurer@logancountyohio.gov Bellefontaine, OH 43311
PHONE: 937.599.7223 FAX: 937.599.7216

**SEASONAL ADDRESS CHANGE FORM**

Ohio law (Section 323.13, ORC) **requires** that any mailing address change for property tax bills must be made **in writing** to the county treasurer by the taxpayer. If you wish to change the mailing address for **your** tax bill, please complete the form below and return it to the treasurer’s office. You may mail, fax, or email our office. You are responsible for updating your address with other Logan County governmental offices.

If you are **NOT** the property owner you may submit this form but you must also provide written authorization from the property owner or other evidence to change the address. Examples of other evidence may include documents such as: a recorded Power of Attorney, Corporate/LLC/ Partnership resolution, letters of appointment as a fiduciary from Probate Court, etc. You may also be required to provide a valid photo ID.

**Owners Name (Applicants Name/Relationship to Owner)**

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**Parcel Number(s) or Property Address(es) – Use reverse if needed.**

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**1ST Half Taxes Mailing Address (Mailed in January)**

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**2nd Half Taxes Mailing Address (Mailed in June)**

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**Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature/Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_