APPLICATION FOR REQUEST TO CHANGE MAILING ADDRESS			Year
APPLICATIO	N FOR REQUEST TO CHANGE MAILING ADDRESS		
Appraisal District Name		Phone (area code and number)	
SHELBY COUNTY APPRAISAL DISTRICT		(936) 598-6171	
Address		Email	
724 SHELBYVILLE ST, CENTER, TEXAS 75935		scad@shelbycad.con	1
Instructions You may use this form to ask the appraisal district to correct the mailing address on an account. After completing the form, mail it back to the appraisal district at the address above or fax it to (936) 598-7096.			
Property Description	Owner's Name	Property ID	
	Situs Address	,	
Old Mailing address	Old mailing address (number and street)		
	City, town or post office, state, zip code	Phone (area code and number)	
New Mailing address	New mailing address (number and street)		
	City, town or post office, state, zip code	Phone (area code and number)	
Affirmation	I am the owner of the property described above and request the appraisal district to correct its records to reflect the information listed above. (If you are not the owner of the property, please explain your relationship to the owner.)		
	nature: Date:		
	Printed Name:		