



**Personal Property Address Change Form**  
**Bob S. Boyer**  
**Department of the County Assessor**

DATE

LAST NAME  FIRST NAME  M/I  SPOUSE  M/I

PREVIOUS ADDRESS  CITY  STATE  ZIP

NEW ADDRESS  CITY  STATE  ZIP

PHYSICAL ADDRESS (If changing to a PO BOX)  CITY  STATE  ZIP

DATE MOVED

SIGNATURE  PHONE #

PLEASE PRINT THIS FORM AND ONCE COMPLETED EMAIL, FAX OR MAIL TO:

**DEPARTMENT OF THE COUNTY ASSESSOR**  
**PO BOX 100**  
**HILLSBORO, MO 63050-0100**

**EMAIL: [ppassessor@jeffcomo.org](mailto:ppassessor@jeffcomo.org)**  
**FAX: 636-797-5083**  
**PHONE: 636-797-5343**

**OFFICE USE ONLY**

NEW TAX DISTRICTS:

| SCHOOL | FIRE | AMB | ROAD | CITY |
|--------|------|-----|------|------|
|        |      |     |      |      |

CLERK:

ACCOUNT #:

**THIS FORM DOES NOT CHANGE OWNERSHIP**