City of Ham	pton	PIN/LRSN/RPC#
Change	of Mailing Addre	ess Request
	e Assessor of Real Estate	•
officer of the entity	that owns the property, or an authorize	the Assessor of Real Estate by an owner, corporate ed agent: Authorized agents will need to provide a at Authorization form from the Office of the Assessor
Return by mail:	City of Hampton Office of the Assessor of Real Estate 1 Franklin Street, Suite 602 Hampton, VA 23669-3580	OFFICE USE ONLY Date Received Processor/Date
Return by fax:	(757) 728-3510	
Return by email:	AssessorsWebMail@hampton.gov	
IF COMPLETING BY	HAND PLEASE PRINT	
FORMS RETURNED ORIGINAL SIGNATU		MAGE OF THE COMPLETED CERTIFICATION AND
PROPERTY INFORM	MATION – RECORDED OWNERSHIP	
Property Address:		
Owner of Record:		
Requesting Party: (Owner, Corporate O	fficer or Authorized Agent)	
REVISED ADDRESS	SINFORMATION	
Mailing Address:		
City, State & Zip:		
	s) & E-mail:	
CERTIFICATION		
I certify that the inform	mation contained in this application is to the	best of my knowledge both true and correct.
Given under my hand	d thisday of	, 20

Name of Owner/Agent (printed)

Signature of Owner/Agent