



# CLARENDON COUNTY ASSESSOR'S OFFICE

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Manning, SC 29102  
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Web [www.clarendoncountysc.gov.org](http://www.clarendoncountysc.gov.org)

## CHANGE OF ADDRESS FORM

Property Owner(s) Full Name(s)

Date

### PREVIOUS Address (Please Type or Print Clearly)

Street Number, Street Name or P.O. Box

City, State, Zip Code

### NEW Address (Please Type or Print Clearly)

Street Number, Street Name or P.O. Box

City, State, Zip Code

### Parcel Number(s) Affected

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

### Reason for Change

### Person requesting change of address

Are you the Property Owner? Yes  No  \* If NO, see note below

Relationship to Property Owner \_\_\_\_\_

**NOTE: \*If not the Property Owner, attached documentation (Declaration of Agent, Power of Attorney, Personal Representative by Certificate of Appointment for Decedent's Estate, Death Certificate and/or Will) that authorizes you to sign on behalf of the owner**

### NAME AND MAILING ADDRESS IF YOU ARE NOT THE OWNER (Please Print Clearly)

Street /P.O. Box \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\*\*\*\*PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR STATE ISSUED ID IF MAILING\*\*\*\*\*

Signature(s)

Date

File Updated for Tax Year:

Date  
Changed:

Changed By:

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*