

School District Taxpayer Change of Address Form

Instructions: Please complete this form to update your official address records for school district tax purposes. Once completed, print the form, sign, and mail it to the School District Tax Office.

Taxpayer Information

Primary Taxpayer Full Name:

Spouse Full Name (if filing jointly):

Social Security Number (Last 4 Digits):

Phone Number:

Email Address:

Previous Address Information (Old Address)

Street Address:

City:

State:

ZIP Code:

Previous School District:

New Address Information (Current Address)

Street Address:

City:

State:

ZIP Code:

New School District:

Effective Date of Change:

Signature and Authorization

By signing below, I certify that the information provided on this form is true, correct, and complete to the best of my knowledge.

Primary Taxpayer Signature:

Date Signed:

Spouse Signature (if applicable):

Date Signed: