

**REQUEST FOR CHANGE OF ADDRESS FORM  
WETZEL COUNTY SHERIFF'S TAX OFFICE**

OLD ADDRESS:

NAME:
ADDRESS:

NEW ADDRESS:

NAME:
ADDRESS:
PHONE NUMBER:

REQUEST FOR ADDRESS CHANGE ON THE FOLLOWING PROPERTY:

**REAL ESTATE**

Tax Year	Ticket Number	District	Map #/Parcel #

**PERSONAL PROPERTY**


UNDER PENALTY OF FALSE SWEARING, I SWEAR AND AFFIRM THAT I HAVE AUTHORITY TO REQUEST THIS CHANGE AND HOLD THE SHERIFF'S OFFICE HARMLESS AND INDEMNIFY THEM OF ANY AND ALL CLAIMS AS RESULT OF THIS CHANGE.

I CERTIFY THAT I AM THE OWNER OF THIS PROPERTY OR HAVE THE LEGAL POWER OF ATTORNEY OF THE OWNER TO REQUEST THE TAX BILL ADDRESS CHANGE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return To:**  
**Sheriff and Treasurer of Wetzel County**  
**Wetzel County Sheriff's Tax Office**  
**PO Box D**  
**New Martinsville, WV 26155**