



COUNTY OF DURHAM  
*OFFICE OF TAX ADMINISTRATOR*  
CHANGE OF ADDRESS FORM

Date \_\_\_\_\_

Account #(s) \_\_\_\_\_

Name \_\_\_\_\_

Old Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Change \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Employer \_\_\_\_\_

Return this form to:

Durham County Tax Administration  
Change of Address Form  
PO Box 3397  
Durham, North Carolina 27702

