TAXPAYER CHANGE REQUEST FORM

IF ALL QUESTIONS PERTAINING TO YOUR CHANGE ARE NOT COMPLETED THIS FORM WILL NOT BE PROCESSED.

Taxpayer Name(s): _____   DATE: _____

I wish to request changes to the following Osage County Tax Record(s):

(Please circle the property you wish to change. If multiple, please circle all that apply.)

Real Estate   **Personal Property**   **Antique Vehicle**

1. If you have multiple properties does this change apply to all properties? _____

2. Please provide parcel numbers or quick ref. numbers of the properties needing changed. _____

   _____

PLEASE SELECT THE REASON FOR YOUR REQUEST BELOW

o   MIS-SPELLED NAME – CORRECT SPELLING OF NAME(S): _____

   _____

o   OWNER CHANGE –

   o   I/WE no longer own.

   o   I/WE are new owner(s).

   o   Quick Claim Deed Adding/Removing/Changing Owner.

o   Deceased Owner – (Requires Certified Death Certificate.)

o   Divorce – (Requires proper documentation regarding the divorce and splitting of assets.)

o   Marriage – (Requires Marriage License.)

o   Other – (Please Explain) (This may require proper documentation pending what the change

    needing to be made is.) _____

    _____

Property Address: _____

_____

For NEW owner(s), what date did you become the new owner(s): _____

o   **MAILING ADDRESS CHANGE** – REASON: _____

    o   NEW mailing address: _____

        _____

o   **MORTGAGE COMPANY CHANGE** (Official notification from your mortgage company/lender

    should be sent to the County)

    o   REMOVE mortgage.

    o   ADD mortgage.

Mortgage Company/Lender Name: _____

Mortgage Company/Lender Address: _____

_____

Mortgage Company/Lender Phone Number: _____

TAXPAYER CONTACT INFORMATION

PHONE NUMBER: _____

EMAIL: _____

PRINT NAME: _____

SIGNATURE: _____   **DATE:** _____

IF MAILING THIS DOCUMENT IN PLEASE SEND TO THE FOLLOWING ADDRESS.

Osage County Clerk

P.O. BOX 226

LYNDON, KS 66451

OR EMAIL TO:

osageclerk@osageco.org

(THIS FORM CAN ALSO BE TURNED INTO THE CLERKS OFFICE ON THE FIRST FLOOR OF THE COURTHOUSE)

FOR OFFICE USE ONLY

CHANGE(S) MADE BY THE OFFICE OF THE:

CLERK

REGISTER OF DEEDS

APPRAISER

TREASURER

SIGNATURE: _____   **DATE:** _____