

Mailing Address Change for Tax Billing

Return to: Arlington County Government

Department of Real Estate Assessment 2100 Clarendon Boulevard, Suite 502

Arlington, VA 22201 Fax: (703) 228-3440

name as it Appears on Your Assi	essment:	
Real Property Code No. (RPC):		
Property Address:		
Change Mailing Address to:		
If you require a change of mailin	g address for additional parcels, please use the space(s) below	
Real Property Code:	Property Address:	
Real Property Code:	Property Address:	
Real Property Code:	Property Address:	
Print Your Name:	Title:	
Signature:	Date:	
Signature	of owner(s) required to process	
Telephone Number:	Email Address:	
Provide a daytime phone number a	nd email address where you may be reached for further clarification or que	estions.

Attention Agents and Representatives

If a change of mailing address request is being submitted by anyone other than the legal owner of the property, it must be accompanied by a <u>Letter of Authorization</u> that specifically grants the agent authority to change the mailing address and which must:

- Be an original document;
- Identify the owner of record and RPC (real property code);
- State the property address;
- Be effective for the current tax year;
- Identify the agent with address and telephone number;
- Be signed by owner or authorized officer of company including:
 - 1. Notarized signature of an owner on record of the property, or officer, if titled in name of company, partnership or corporation.
 - 2. The printed or typed name and title.