

LINCOLN COUNTY TAX DEPARTMENT CHANGE OF ADDRESS FORM

Taxpayer Name: _____ **Account #** _____

Old Address: _____

New Address: _____

Person Requesting Change: _____

Signature of Person Requesting _____

Signature of Taxpayer: _____ **Date:** _____

Mail To: **LINCOLN COUNTY TAX DEPARTMENT**
100 EAST MAIN STREET
LINCOLN, NC 28092