



**CITY OF SAINT LOUIS
OFFICE OF THE ASSESSOR**

114-120 CITY HALL
ST. LOUIS, MO 63103

Francis G. Slay
MAYOR

Ed Bushmeyer
ASSESSOR

This is to advise that as of this date, _____,
I request that the name and/or mailing address on my Personal Property Tax Account be changed to the following:

Account Number

Name Change

Address Change

Effective Date

City

State

Zip Code

Signature of Person Requesting Changes

Changed Entered By

Print Name as Signed Above