

DICKINSON COUNTY
NAME OR ADDRESS CHANGE FORM

Current Name: _____

I am changing my name. New Name: _____

I am changing my address

Old Address: _____

New Address: _____

Mailing Address (if different) _____

Phone Number: _____ Email: _____

Reason for Change _____

By submitting this form, you acknowledge you are the owner and authorize the County Clerk's office to change the mailing address for this property. This is a Change of Address only and not a Change of Ownership to the listed property.

*** Dickinson County is not Liable for any unauthorized changes.**

If you are not the owner, please submit written authorization from the property owner, giving you authorization to change the contact and mailing information using the Owner Authorization form.

Owner Signature: _____ Date: _____

DK County Employee: _____

Please Return by mail, email or fax to: 109 E 1st St, Ste 207, Abilene, KS 67410/ jgaytan@dkcoks.gov / Fax 785-263-2045