PETER J. TECKLENBURG
Charleston County Auditor

P. O. Box 614, Charleston, SC 29402-0614
Phone: 843-958-4200 Fax: 843-958-4222

CHANGE OF NAME/ADDRESS NOTIFICATION

USE THIS FORM FOR REAL ESTATE OR BUSINESS-OWNED PERSONAL PROPERTY ONLY

☐ MAILING-ADDRESS CHANGE

☐ NAME CHANGE
Must attach copy of official document granting name change (e.g. marriage certificate, divorce decree, court order, etc.).

Parcel ID or Receipt No. _____
(From Tax Bill or Plat)

CHANGE MY NAME *FROM*_____

CHANGE MY MAILING ADDRESS *FROM*_____

_____

CHANGE MY NAME *TO*_____

CHANGE MY MAILING ADDRESS *TO*_____

_____

SIGNATURE_____ DATE_____

E-MAIL ADDRESS_____
(For Notification of Receipt)

For name or address change on motor vehicles, contact SC Div. of Motor Vehicles.
For water craft, contact SC Dept. of Natural Resources.