



Phone: (252) 232-3005  
Fax: (252) 232-3568

Tracy Sample  
Tax Administrator

**COUNTY OF CURRITUCK**

Tax Department  
P.O. Box 9  
Currituck, North Carolina 27929

**Address Change Request**

Name(s) on Account:

_____	_____	_____	_____
FIRST	MI	LAST	SUFFIX
_____	_____	_____	_____
FIRST	MI	LAST	SUFFIX

Account # (if known):

\_\_\_\_\_

PLEASE PROVIDE ALL ACCOUNT NUMBERS (IF MORE THAN ONE)

Parcel ID (if known):

\_\_\_\_\_

PLEASE PROVIDE ALL PARCEL ID'S (IF MORE THAN ONE)

Contact Phone #:

\_\_\_\_\_

Previous Address:

_____	_____	
STREET	PO BOX (IF APPLICABLE)	
_____	_____	
CITY	STATE	ZIP

**New Address:**

_____	_____	
STREET	PO BOX (IF APPLICABLE)	
_____	_____	
CITY	STATE	ZIP

You may return this form by email or fax to:

[Listings@currituckcountync.gov](mailto:Listings@currituckcountync.gov) or 252-232-3568