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## LANDLORD ACCOUNT ADDRESS CHANGE

### LANDLORD INFORMATION:

Owner Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Agent (if applicable): \_\_\_\_\_

(For Property Located at: \_\_\_\_\_)

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### CHANGE REQUEST:

#### **OLD Mailing Address:**

\_\_\_\_\_

**NEW Mailing Address:** *(If a Post Office Box, please disclose a street address for our records.)*

\_\_\_\_\_

#### **Telephone Numbers:** *(including area code)*

Daytime: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return form to: **Section 8 Owner Liaison  
Macon-Bibb County Housing Authority  
PO Box 4928  
Macon GA 31208-4928**

**Or fax form to: (478) 752-5188**