



## DEPARTMENT OF FINANCE DIVISION OF ASSESSMENT

### New Property Owner Information Form Instructions

The mailing address on this form is required by 25 Del. C. 133

Please note that it is necessary to use the tab key between fields of entry.

Parcel Identification Number: First two spaces may be letters or numbers. Enter parcel ID number, using tab key between spaces.

Name: Enter all property owners' names as listed on the recorded deed.

Mailing Address: Enter your mailing address, if you are moving soon, please enter the NEW address. Please note that this isn't necessarily the property address, but the mailing address of the property owner.

Phone Number: This line is right justified automatically. Enter your daytime telephone number including the area code. Enter only the numbers, dashes will be inserted automatically when you tab to the next line.

Name of Closing Attorney: This line is right justified automatically. Enter the name of the Attorney used for your property settlement.

Attorney Phone Number: This line is right justified automatically. Enter the telephone number, including area code, of the Attorney used for your property settlement. Enter only the numbers, dashes will be inserted automatically when you tab to the next line.

Date: Enter today's date in any format.

To Complete Process: Print document and sign. Form must accompany all property transfers to be recorded at the Kent County Recorder of Deeds Office, 555 Bay Road, Dover, DE 19901. Any questions should be directed to Kent County Assessment Office at (302) 744-2401. Please be sure to make a copy of this form for your records as you will not have the ability to save the completed document from this web file.



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**WARNING:** The address on this form is required by 25 Del. C. 133. Failure to provide this information may result in condemnation and sale of your real estate for failure to pay county property taxes and/or fees.

Parcel Identification Number/s:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ . \_\_\_\_ - \_\_\_\_ - \_\_\_\_ . \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Name and Address for Receiving Assessment, Property Tax, and Fee Information and Bills. **If you will be moving soon from your current address, Use your NEW ADDRESS on the lines below:**

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number (Daytime): \_\_\_\_\_

Name of Closing Attorney: \_\_\_\_\_

Attorney Phone Number: \_\_\_\_\_

Signature of Owner/Buyer: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_