



OWNER CHANGE OF ADDRESS

Please fill out form completely:

Owner Name: _____

New Address: _____

City / State

Zip Code

Email Address: _____

Contact Phone Number: _____

Owner's Old Address: _____

City / State

Zip Code

Tenant's Name: _____

Tenant's Address: _____

City / State

Zip Code

Lee's Summit Housing Authority
111 SE Grand Avenue
Lee's Summit, MO 64063
816-524-1100