



ADDRESS FORMS

PRINT OR TYPE THE FOLLOWING INFORMATION:

NAME _____

PHYSICAL ADDRESS _____

PHONE #'S @ PHYSICAL ADDRESS _____

LEGAL DESCRIPTION, TAX ID #, OR DETAILED DRIVING DIRECTIONS:

FILL OUT AND RETURN THIS FORM TO:

**Russ Molenaar
Commissioner, Precinct 4
101 Old Fitzhugh Rd / PO Box 1158
Dripping Springs, TX 78620**

**BE SURE TO ENCLOSE THE \$3.00 PAYMENT
(Make Checks Payable to The Hays County Treasurer)**

RECEIPT # & DATE _____

For Addressing Office use only:

DATE _____

AUTHORIZATION _____

