



Mississippi Real Estate Appraisal Board

\$25.00

ADMINISTRATOR
E. C. Neely, IV

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www.mab.ms.gov

AMC CHANGE OF ADDRESS FORM

(Application will not be accepted unless typed or printed)

**THE ORIGINAL WALL CERTIFICATE MUST BE RETURNED TO MAB ALONG WITH
THIS FORM AND MUST BE ACCOMPANIED WITH A FEE OF \$25.00**

AMC COMPANY NAME: _____ (AMC #)

New Address: _____
(street Address)

(Post Office Box)

(City)

(State)

(Zip Code)

(County)

Phone: _____

Fax: _____

Email Address: _____

Designated Officer Signature: _____