



Greenville County Auditor

www.greenvillecounty.org/Auditor

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Boat Owner Address Change Affidavit

Section 1

Account #: _____ Date: _____

Owner Name: _____

(Please print)

Address: _____

(Street)

City

State

Zip

Boat #: _____ Make: _____ Model: _____ Length: _____

WA#

Motor #: _____ Make: _____ Model: _____ HP: _____

MA#

Section 2

Former Address:

Address: _____

(Street)

(City)

(State)

(Zip)

Current Address:

Address: _____

(Street)

(City)

(State)

(Zip)

By signing below, I understand that it is my responsibility to contact the Department of Natural Resources (803) 734-3857 in order to permanently correct my address information.

Signature: _____ Date: _____

Phone: _____ Email: _____