



Dillon County Auditor

www.dilloncountysc.gov

401 W Main St Room 203 | P O Box 32 | Dillon, SC 29536

Phone: (843)774-1418 | Fax: (843)841-3729

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: _____