

**CHANGE OF MAILING ADDRESS**  
(PLEASE PRINT)

By submitting this form, you acknowledge you are the owner and authorize the Assessor's office to change the mailing address for this property.

**PIN/Schedule**  
**Number(s)** \_\_\_\_\_

**Property** \_\_\_\_\_  
**Location** \_\_\_\_\_  
**Address** \_\_\_\_\_  
City State Zip

**New** \_\_\_\_\_  
**Mailing** \_\_\_\_\_  
**Address** \_\_\_\_\_  
City State Zip

**Telephone**  
**Number** \_\_\_\_\_

**Owner Name**  
**(please print)** \_\_\_\_\_

**Owner**  
**Signature** \_\_\_\_\_

**Date**  
**Signed** \_\_\_\_\_