



ASSESSOR'S OFFICE

## CHANGE OF MAILING ADDRESS REQUEST

☐ Real Estate

☐ Business/Personal Property

DATE: \_\_\_\_\_

PROPERTY/BUSINESS LOCATION: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

BUSINESS NAME (IF APPLICABLE):

\_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOMEOWNER'S/BUSINESS OWNER'S SIGNATURE:

\_\_\_\_\_