

REQUEST FOR MAILING ADDRESS CHANGE

TAXPAYER(S) _____

PROPERTY ADDRESS _____

GEO CODE OR TAX CODE NUMBER _____

OLD MAILING ADDRESS

NEW MAILING ADDRESS

TAXPAYER SIGNATURE _____

DATE _____

TAXPAYER PRINTED NAME _____

TAXPAYER PLEASE COMPLETE THE ABOVE FORM AND RETURN IT TO:

DEPARTMENT OF REVENUE

PROPERTY ASSESSMENT DIVISION

300 CENTRAL SUITE 520

GREAT FALLS, MT 59401