

REQUEST FOR MAILING ADDRESS CHANGE

TAXPAYER(S) _____

PROPERTY ADDRESS _____

GEO CODE OR TAX CODE # _____

OLD MAILING ADDRESS:

NEW MAILING ADDRESS:

TAXPAYER SIGNATURE: _____ DATE: _____

TAXPAYERS PRINTED NAME: _____

TAXPAYER-PLEASE COMPLETE THE ABOVE FORM AND RETURN IT TO:

Department of Revenue
Property Assessment Division
P.O. Box 160
Stanford, MT 59479
