



CLARK COUNTY ASSESSOR'S OFFICE  
CHANGE OF MAILING ADDRESS REQUEST FORM

- Real Property Parcel Number: \_\_\_\_\_
- Business or Manufactured Home Account Number: \_\_\_\_\_
- Exemption Number: \_\_\_\_\_

Name of Owner, Business or Exemption holder: \_\_\_\_\_

Old Location Address (if applicable) \_\_\_\_\_

New Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

New Location Address: \_\_\_\_\_  
\_\_\_\_\_

Print Name/Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED FOR RESIDENTIAL PROPERTIES ONLY:**

Nevada Revised Statute 361.471 through 361.4735 provides for a partial abatement of taxes.

- Is this your PRIMARY Nevada residence? Yes \_\_\_\_\_ No \_\_\_\_\_
- This is my ONLY Nevada residence and is my second home: Yes \_\_\_\_\_ No \_\_\_\_\_
- This property is a RENTAL property: Yes \_\_\_\_\_ No \_\_\_\_\_
- This property is occupied by a family member: Yes \_\_\_\_\_ No \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I affirm and certify under penalties pursuant to law that the above information is true and correct and that I will notify the Assessor if the status of this property changes.

**RETURN THIS FORM BY MAIL OR EMAIL TO: FOR QUESTIONS CALL: 702-455-3882**

**BRIANA JOHNSON  
CLARK COUNTY ASSESSOR  
500 S GRAND CENTRAL PKWY  
PO BOX 551401  
LAS VEGAS NV 89155-1401  
EMAIL: AOCustomerServiceRequests@ClarkCountyNV.gov  
Rev. 12/2021**