

CHANGE OF MAILING ADDRESS REQUEST FORM

Please check one:

- Real Property - Parcel #: _____
- Business or Manufactured Home - Account #: _____
- Exemption #: _____

Name of Ownership, Business or
Exemption holder: _____

Old Mailing Address: *(if applicable)* _____

Old Location Address: *(if applicable)* _____

New Mailing Address: _____
(if applicable) _____

New Location Address: _____
(if applicable) _____

Please sign and print your name below. If signing on behalf of a business, also provide your title.

Signature (required): _____ Date: _____

Print Name/Title: _____ Telephone #: _____

Note: _____

RETURN THIS FORM BY MAIL OR EMAIL TO:

FOR QUESTIONS CALL: (702) 455-3882

**BRIANA JOHNSON, COUNTY ASSESSOR
500 S GRAND CENTRAL PKY
PO BOX 551401
LAS VEGAS NV 89155-1401
EMAIL: AOCustomerServiceRequests@ClarkCountyNV.Gov**