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 FAX TO: FOR QUESTIONS CALL: (702) 455-3882

BRIANA JOHNSON, COUNTY ASSESSOR
500 S GRAND CENTRAL PKY
PO BOX 551401
LAS VEGAS NV 89155-1401

FAX: (702) 455-0018