

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