

CHANGE OF MAILING ADDRESS REQUEST FORM

LANDER COUNTY ASSESSOR

To change your address, please fill out this form and email to: assessor@landercountynv.org
Or fax to 775-635-5520

PARCEL NUMBER(S): _____

PERSONAL PROPERTY ACCOUNT(S) _____

Old Address: _____

New Address: _____

**I affirm and certify that I am the owner of this property, or an authorized Power of Attorney or Administrator, and that the above information is true and correct. I understand that by making this mailing address change, the assessment notices and tax bills for this property will be mailed to the new address I have listed above.

PLEASE SIGN AND PRINT YOUR NAME BELOW, IF SIGNING ON BEHALF OF A BUSINESS, PROVIDE YOUR TITLE.

Signature (**Required**): _____

Date, (**Required**): _____

Reason for change): _____

RETURN THIS FORM EITHER BY:

FOR QUESTIONS CALL (775) 635-2610

MAIL:

LANDER COUNTY ASSESSOR'S OFFICE
50 STATE ROUTE 305
BATTLE MOUNTAIN, NV 89820

EMAIL:

assessor@landercountynv.org