

CHANGE OF ADDRESS FORM (FOR TAX BILLING PURPOSES ONLY)
PLEASE PRINT OR TYPE

TAXPAYER NAME: _____ APN OR ACCT# _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ALSO PLEASE CHANGE THE MAILING ADDRESS ON MY: EXEMPTION PERSONAL PROPERTY DATE _____

AUTHORIZED SIGNATURE OF PERSON REQUESTING CHANGE: _____

A SIGNATURE OF A PERSON AUTHORIZED TO HAVE THE BILLING ADDRESS CHANGED MUST PROVIDE SIGNATURE AND IF NOT THE OWNER, SOME TYPE OF PROOF OF AUTHORIZATION MUST ALSO BE PROVIDED

RETURN COMPLETED FORM TO:
JEFF JOHNSON, HUMBOLDT COUNTY ASSESSOR
50 WEST FIFTH STREET
WINNEMUCCA, NV 89445

For Office Use Only

Date changed: _____ Initials: _____

Make one copy for Treasurer's Office

A RECORDED DOCUMENT TRANSFERRING OWNERSHIP IS REQUIRED FOR A NAME TO BE CHANGED ON THE TAX ROLLS.