

REQUEST FOR MAILING ADDRESS CHANGE

TAXPAYER(S) _____

PROPERTY ADDRESS _____

GEO CODE OR TAX CODE # _____

OLD MAILING ADDRESS:

NEW MAILING ADDRESS:

TAXPAYER SIGNATURE: _____ DATE: _____

TAXPAYERS PRINTED NAME: _____

TAXPAYER, PLEASE COMPLETE THIS FORM AND RETURN IT TO:

Judith Basin County Treasurer
PO Box 427
Stanford, MT 59479
