

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: _____

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TAXPAYER-PLEASE COMPLETE THE ABOVE FORM AND RETURN IT TO:

Montana Department of Revenue
Assessment/Appraisal Office
5 South Last Chance Gulch
Helena, Montana 59601-4178

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