

**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 TO:**

**FOR QUESTIONS CALL: (702) 455-3882**

**MICHELE W. SHAFE, COUNTY ASSESSOR  
500 S GRAND CENTRAL PKY  
PO BOX 551401  
LAS VEGAS NV 89155-1401**