

**LEWIS COUNTY ASSESSOR'S OFFICE  
CHANGE OF ADDRESS FORM**

**Old Address:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

**New Address:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Address needs changed on the following property:**

<b>Real Estate and/or Minerals</b>			
Ticket #	District	Map #	Parcel #

**Personal Property Account Number(s)**

\_\_\_\_\_

\_\_\_\_\_

I certify that I am the owner of this property or have the legal power of attorney of the owner to request the tax bill address change.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Deputy who made change: \_\_\_\_\_