



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:
ANDY HEISER, HUMBOLDT COUNTY ASSESSOR
50 WEST FIFTH STREET
WINNEMUCCA, NV 89445
Or Email to:
Assessor@humboldtcountynv.gov

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.