

CHANGE OF MAILING ADDRESS REQUEST FORM

ELKO COUNTY TREASURER

Name of Owner or Business Name: _____

Please check one:

Real Property – Parcel #: _____

Manufactured Home – Account #: _____

Old Mailing Address: _____

New Mailing Address: _____

***I affirm and certify that I am the owner of this property, or an authorized Power of Attorney or Administrator, and that the above information is true and correct. I understand that by making this mailing address change, the assessment notices and tax bills for this property will be mailed to the new address I have listed above.

Please sign and print your name below. If signing on behalf of a business, provide your title.

Signature (required): _____

Date: _____

Print Name/Title: _____

Telephone: _____

Notes: _____

RETURN THIS FORM EITHER BY:

FOR QUESTIONS CALL: (775) 738-5694

MAIL:

ELKO COUNTY TREASURER'S OFFICE
571 IDAHO STREET, SUITE 101
ELKO, NV 89801

EMAIL:

treasurer@elkocountynv.net