



ASSESSOR'S OFFICE
P.O. BOX 583
200 S. WILLOW STREET
JACKSON, WY 83001
TEL (307)733-4960
FAX (307)732-8444

Melissa Shinkle
County Assessor

AUTHORIZATION AND REQUEST FOR MAILING ADDRESS CHANGE

Account/Ownership Name: _____

Property ID or Address: _____

Let this serve as notice that I request for the mailing address on this account to be change to:

Signed this _____ day of _____, 20 ____.

Signature

Printed Name

Phone Number/Email

OFFICE USE ONLY

CHANGE DATE: _____

BY: _____

PLEASE NOTE: This form must be signed by the **CURRENT** record owner in order to process the request.
There will be **NO EXCEPTIONS** to this policy.