

**CHANGE OF MAILING ADDRESS REQUEST FORM**

*Please check one:*

Real Property - Parcel #: \_\_\_\_\_

Business or Manufactured Home - Account #: \_\_\_\_\_

Name of Ownership or Business: \_\_\_\_\_

Old Mailing Address: \_\_\_\_\_  
*(if applicable)*

\_\_\_\_\_

Old Location Address: \_\_\_\_\_  
*(if applicable)*

\_\_\_\_\_

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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**

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