



TWIN FALLS COUNTY ASSESSOR MAILING ADDRESS CHANGE REQUEST

Date: _____

Name of Requestor: _____

Do you have authority to represent the property owner(s)? No ☐ Yes ☐

If you are not the owner, what is your relationship? _____
(A copy stating Power of Attorney or Business designation must accompany request.)

If multiple owners, does this address change affect ALL owners? No ☐ Yes ☐

CURRENT Mailing Address: _____

City State Zip

NEW Mailing Address: _____

City State Zip

Is this temporary? No ☐ Yes ☐ If yes, length of address change? _____

Phone # _____

PARCEL #	PROPERTY ADDRESS

**List any additional parcels on the back or separate sheet of paper.

Signature: _____

Office Use

Date Received: