

**LEWIS COUNTY ASSESSOR'S OFFICE
CHANGE OF ADDRESS FORM**

REASON FOR CHANGE: _____

Old Address:

Name: _____

Address: _____

Phone Number: _____

New Address:

Name: _____

Address: _____

Phone Number: _____

Address needs changed on the following property:

Real Estate and/or Minerals			
Ticket #	District	Map #	Parcel #

Personal Property Account Number(s)		
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I certify that I am the owner of this property or have the legal power of attorney of the owner to request the tax bill address change.

Signature: _____

Date: _____

Deputy who made change: _____