

CHANGE OF ADDRESS REQUEST



Date of Request _____

Owner (s) Name (s)

Parcel Number (s)

Old Mailing Address

C/O _____

New Mailing Address

C/O _____

Mail Request to:

Bingham County Assessor

501 N. Maple #305

Blackfoot, ID 83221

Fax# 208-782-3073

Email: abarzee@binghamid.gov

Please explain the reason for the change:

(HOMEOWNERS EXEMPTION MAY BE AFFECTED)

Relationship to the Owner? _____

Authorized Signature

Phone Number

Email address

Assessor Office Use

Date _____ Initials _____