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_____