

CHANGE OF ADDRESS FORM (FOR TAX BILLING PURPOSES ONLY)  
PLEASE PRINT OR TYPE

TAXPAYER NAME: \_\_\_\_\_ APN OR ACCT# \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ALSO PLEASE CHANGE THE MAILING ADDRESS ON MY:  EXEMPTION  PERSONAL PROPERTY DATE \_\_\_\_\_

**AUTHORIZED** SIGNATURE OF PERSON REQUESTING CHANGE: \_\_\_\_\_

*A SIGNATURE OF A PERSON AUTHORIZED TO HAVE THE BILLING ADDRESS CHANGED MUST PROVIDE SIGNATURE AND IF NOT THE OWNER, SOME TYPE OF PROOF OF AUTHORIZATION MUST ALSO BE PROVIDED*

RETURN COMPLETED FORM TO:  
JEFF JOHNSON, HUMBOLDT COUNTY ASSESSOR  
50 WEST FIFTH STREET  
WINNEMUCCA, NV 89445

**For Office Use Only**

Date changed: \_\_\_\_\_ Initials: \_\_\_\_\_

***Make one copy for Treasurer's Office***

**A RECORDED DOCUMENT TRANSFERRING OWNERSHIP IS REQUIRED FOR A NAME TO BE CHANGED ON THE TAX ROLLS.**