

**Mailing Address Change Request**

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_

**Old Address:** Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**New Address:** Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

*(Zip+4 preferred)*

Please list the account numbers and property address this applies to:

Account Number

Property Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title (owner/agent/etc.)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

Mail completed form to:

The Grand County Assessor

P.O. Box 302

Hot Sulphur Springs, Colorado 80451-0302

OR

Email to:

assessor@co.grand.co.us