

ADDRESS CHANGE REQUEST

OLD ADDRESS:

NAME _____

STREET _____

CITY _____

STATE _____ ZIP _____

NEW ADDRESS:

PARCEL NUMBER _____

STREET _____

CITY _____

STATE _____ ZIP _____

SIGNATURE _____

PHONE _____ DATE _____

PLEASE RETURN TO: ASSESSOR'S OFFICE 485 E 3rd ST. WEISER, ID 83672

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