



## Address Change Request Form

### Bonner County Assessor's

**Office** 1500 Hwy 2 suite 205

Sandpoint, ID 83843

Office: 208-265-1440

Fax: 208-265-1451

*\*This form will only affect your MAILING address. The Physical Address of the property will remain the same\**

Please complete this form, sign, and return it to the Bonner County Assessor's Office. Be sure to attach any additional documentation required.

### PROPERTY INFORMATION

Owner Name(s): \_\_\_\_\_

Parcel ID Number(s) (Please attach separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

☐ **All Owners**

☐ **Family Member or Caretaker** – A notation will be added to send Mail Only to the address and name provided.

Name of person requesting change: \_\_\_\_\_ (Please Print)

☐ **Company / Business** – Change applies to the business, corporation, or LLC.

**Note:** You must have authorization to request this change. An authorization letter will be required along with this form.

### ADDRESS INFORMATION

**Effective Date (MM/YY):** \_\_\_\_ / \_\_\_\_ (Required only if the address change is NOT due to a physical move)

**Date of Move (MM/YY):** \_\_\_\_ / \_\_\_\_ (Required if this change is due to a move)

☐ Please REMOVE my Homestead Exemption (Mark this box if this home is no longer your primary residence)

☐ This is still my primary residence. Please provide the reason for the address change: \_\_\_\_\_

OLD Mailing Address: \_\_\_\_\_

\_\_\_\_\_

NEW Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE**

**DATE**

**PHONE #**

**EMAIL**

*\*If being signed by an authorized representative, Business Owner, Personal Representative or Power of Attorney, a copy of the appointment documents MUST accompany this form in order for a change request to be made\**

#### Office Use Only

Deputy's Initials: \_\_\_\_\_ Date Entered: \_\_\_\_\_ ID Verified: \_\_\_\_\_ Required PPW : \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

DATE