



CHANGE OF MAILING ADDRESS FORM
(Please print clearly or type)

Parcel # (s) or Account # (s) (Required)
Owner's Name:
Property Address:

Old Mailing Address:

New Mailing Address:		
City:	State:	Zip:

By submitting this form, you acknowledge you are the owner or authorized agent and authorize the Assessor's office to change the mailing address for this property.

Signature:	Date:
Print Name:	Phone:

Mail completed form to:

Weld County Assessor's office
1400 N 17th Avenue
Greeley, CO 80634
Fax: (970) 304-6433
Email: assessor@weldgov.com