



GOVERNOR GREG GIANFORTE
DIRECTOR BRENDAN BEATTY

Mailing Address Change Request Form

Assessment Code: _____ Geocode: _____

Legal Owner Name: _____

Old Mailing Address

New Mailing Address

Please provide the last four digits of your **SSN** or **FEIN** _____

By signing this form, I affirm I am the legal owner of the property record referenced above or have the authority to represent the property owner for this mailing address change request.

Property Owner or Representative Name _____
(please print)

Property Owner or Representative Signature _____

Date _____ Contact Phone _____

Important! Please return completed form to the Montana Department of Revenue field office servicing the county where the property is located. Contact information can be found at mtrevenue.gov/contact/field-office-locations/.

Return to 