

JOSEPHINE COUNTY ASSESSOR  
500 NW SIXTH STREET DEPT. 3  
GRANTS PASS, OR 97526

CHANGE OF MAILING ADDRESS

Acct# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_

C/O \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Actual Business or  
Mobile Location \_\_\_\_\_  
(If other than mailing)

Phone # \_\_\_\_\_ Clerk \_\_\_\_\_

I hereby authorize and request that the preceding address be entered upon the tax rolls of  
Josephine County as my true and current mailing address, Per \* ORS 311.555

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

FAX THIS FORM TO (541) 474-5261, MAIL IT TO THE ADDRESS ABOVE OR DROP BY  
OUR OFFICE IN THE COURTHOUSE BASEMENT, ROOM 50