JOSEPHINE COUNTY ASSESSOR
500 NW 6th Street Dept 3
Grants Pass, Oregon 97526

Phone (541) 474-5260
Fax (541) 474-5261
E-mail: assessor@co.josephine.or.us

CHANGE OF MAILING ADDRESS

ACCT # _____ PROPERTY LOCATION _____

ACCT # _____ PROPERTY LOCATION _____

ACCT # _____ PROPERTY LOCATION _____

ACCT # _____ PROPERTY LOCATION _____

ACCT # _____ PROPERTY LOCATION _____

ACCT # _____ PROPERTY LOCATION _____

OWNER'S NAME_____

C/O_____

MAILING ADDRESS_____

CITY_____STATE_____ZIP_____

I hereby authorize and request that the above address be entered upon the tax rolls of Josephine County as my true and correct mailing address per ORS 311.555.

_____ _____ _____
Authorized Signature Print Name Title
(If signature is other than owner, attach documentation of authorization to act on behalf of owner.)

_____ _____ _____
Phone Number E-mail address Date

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

CLERK_____