



ASSESSOR'S OFFICE  
P.O. BOX 583  
200 S. WILLOW STREET  
JACKSON, WY 83001  
TEL (307)733-4960  
FAX (307)732-8444

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Andy Cavallaro  
County Assessor

**AUTHORIZATION AND REQUEST FOR MAILING ADDRESS CHANGE**

Account/Ownership Name: \_\_\_\_\_

Property ID or Address: \_\_\_\_\_  
\_\_\_\_\_

Let this serve as notice that I request for the mailing address on this account to be change to:

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

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number/Email

OFFICE USE ONLY
CHANGE DATE: _____
BY: _____

**PLEASE NOTE:** This form must be signed by the **CURRENT** record owner in order to process the request.  
There will be **NO EXCEPTIONS** to this policy.