

CHANGE OF MAILING ADDRESS REQUEST

IMPORTANT: You must be the current property owner in order to request a mailing address change. This form <u>cannot</u> be used to change the owner's name.

PROPERTY ID	/ PARCEL NUMBER(S) *

OWNER'S NAME	(Last name	e first)	
NEW MAILING ADDR	RESS		
Сіту	STATE	Zip	(List any additional numbers on reverse)
PREVIOUS MAILING	Address		Email Requests To: propertytax@multco.us or
Сіту	STATE	Zip	Mail Requests To:Mailing Address Change RequestMultnomah County Assessment,Recording and TaxationPO Box 5007Portland, OR 97208-2716
(including, but not lin	nited to, valuation ent notices and co	notice cards, property prrespondence) genera	s listed hereon, be changed so that all mailings statements, exemption or exclusion claim forms, ted by the Multnomah County Assessment, Recording e.
Owner's Signature		(Required)	Date:(Required)
Email Address:		(Required)	Phone:
			ASSESSOR'S USE ONLY
			Date Processed:
			Initials: