

REQUEST FOR NAME AND/OR ADDRESS CHANGE ON COUNTY RECORDS

Shoshone County Assessor's Office
700 Bank St., Suite 100 · Wallace, ID 83873 (208) 752-1202

PARCEL NUMBER & LEGAL _____

DATE: _____

NAME:	_____
ADDRESS:	_____

PHONE:	_____

ONE OF THE FOLLOWING MUST BE COMPLETED AND SIGNED (A,B, C or D)

A. RECORD OWNER & SELLERS

I hereby authorize and request that the above named contract purchaser be designated as my agent on the County tax records to receive the tax statements and notices relating to the taxation that are required by law to be sent to the owner of the real property. (Please attach a copy of contract or other document)

Date of Sale: _____

Phone: _____

Signature, address & phone of record owners

B. BUYER OR BUYERS

I certify that I am the buyer of the above property, and wish the records to be changed so I or we will receive the tax statement for this property.

Date of Contract: _____

Phone: _____

Signature, address & phone of buyer or buyers

C. ADDRESS CHANGE

I hereby authorize and request that the above parcel's mailing address be changed so that the above address will receive all records and tax statements.

Phone: _____

Signature, address & phone of person(s) requesting address change

D. REMOVAL OF IN CARE OF OR CONTRACT BUYER

I hereby authorize and request that the above parcels be changed.

Signature and phone of person(s) requesting change

BY: _____

PLEASE RETURN AS SOON AS POSSIBLE