



**DEPARTMENT OF ASSESSMENT**

205 NW 5<sup>th</sup> Street  
Corvallis, OR 97330-4808

(541) 766-6855  
FAX (541) 766-6848

**NOTIFICATION OF ADDRESS CHANGE**

NAME:

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

\_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_

ORS 308.212 states that we must have either the owner or the contract purchaser's signature to change any mailing address. Please use the back of this form if needed. Thank you.

Account Number

Map & Tax Lot Numbers

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

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

**OWNER/CONTRACT PURCHASERS SIGNATURE**

I have received my tax statement for 2010 – Please don't resend \_\_\_\_\_