



GOVERNOR GREG GIANFORTE  
DIRECTOR BRENDAN BEATTY

**Mailing Address Change Request Form**

Assessment Code: \_\_\_\_\_ Geocode: \_\_\_\_\_

Legal Owner Name: \_\_\_\_\_

**Old Mailing Address**

**New Mailing Address**

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

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

Please provide the last four digits of your **SSN** or **FEIN** \_\_\_\_\_ .

By signing this form, I affirm I am the legal owner of the property record referenced above or have the authority to represent the property owner for this mailing address change request.

Property Owner or Representative Name \_\_\_\_\_  
(please print)

Property Owner or Representative Signature \_\_\_\_\_

Date \_\_\_\_\_ Contact Phone \_\_\_\_\_

**Important!** Please return completed form to the Montana Department of Revenue field office servicing the county where the property is located. Contact information can be found at [mtrevenue.gov/contact/field-office-locations/](http://mtrevenue.gov/contact/field-office-locations/).

Department of Revenue  
712 West Main, Suite 203  
Lewistown, MT. 59457