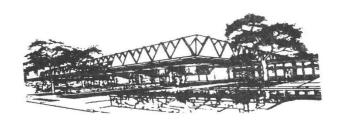
FREMONT COUNTY

ASSESSOR's Office

Tel: (719)276-7310 Fax: (719)276-7311 615 MACON AVENUE, ROOM 107 CAÑON CITY, COLORADO 81212 WWW.FREMONTCO.COM



Change of Address Form

| Schedule #: | | | Account #: |
|--------------------|----------------------------|--|--|
| Owner(s): | | | |
| In Care Of: | | | Attn To: |
| Address: | | | Apt/Unit/Space: |
| City: | | State: | Postal Code: |
| | Initials: _ | Dat | e Received: |
| In-Person | Mail-In | Treasurer | Other |
| for, you wil | l need to h n, Partners | nave authorization fr hip, etc., proof that | ou are requesting a change of address om the owner, or in the case of an LLC, you are authorized to change |
| Owner's Au | thorizatio | n to change mailing | address: |
| | | | Date: |
| Owners Sign | nature | | |