



Montana Department of Revenue



Mike Kadas

Director

Steve Bullock

Governor

Mailing Address Change Request Form

Assessment Code:

Geocode:

Legal Owner Name:

Old Mailing Address

New Mailing Address

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 _____

Return completed form to:

Sheridan County
Dept of Revenue Office
100 West Laurel Avenue
Plentywood, MT 59254-1699

For Department Use
Request taken over the phone by:

For questions, call (406) 765-2291.