



**ISLAND COUNTY TREASURER**

**Linda E. Riffe**

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**Request for Address Change**  
 • *Please Print or Type* •

|  |  |
|--|--|
| <b>Taxpayer(s) Name(s)</b> • <i>Please Print</i> • |  |
|  |  |
| <b>Contact Phone Number</b>                        |  |
| <b>OLD Mailing Address</b>                         |  |
| <b>NEW Mailing Address</b>                         |  |
| <b>E-mail Address</b>                              |  |
| <b>Tax Parcel Account Key Number(s)</b>            |  |
|  |  |
|  |  |

**Note:** All information must be completed, including signature(s) below to activate this request.

|  |            |           |
|--|------------|-----------|
| <b>IS THIS REQUEST PART OF A DIVISION OR COMBINATION OF PROPERTY?</b><br>(If yes, please attach a legal description) | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|

| <b>Taxpayer(s) Authorized Signature(s) below</b> | <b>Date</b> |
|--|-------------|
|  |             |
|  |             |

| <b>Treasurer's Office Use Only</b> | <b>Date</b> |
|------------------------------------|-------------|
| <i>Received by</i>                 |             |
|                                    |             |