

**CHANGE OF ADDRESS FORM**

**BOISE COUNTY ASSESSOR**  
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Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Parcel Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

**Old Mailing Address:**

**New / Corrected Mailing Address:**

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

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

Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

*We will not change your address without your written permission.*

*For Office Use Only:* Date Changed in CAI \_\_\_\_\_ Initials \_\_\_\_\_