

## ATTN: Box Elder County Recorder

Please change mailing address on the Evaluation and Tax Notices for the following:

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

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

Present Owner of Record: \_\_\_\_\_

C/O Name: \_\_\_\_\_

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

**I do solemnly swear that I have the authority to make this address change and sign on behalf of the listed property(s).**

\_\_\_\_\_  
Signature of owner/ Authorized individual

\_\_\_\_\_  
Date

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