MONTANA
DEPARTMENT OF
REVENUE

GOVERNOR GREG GIANFORTE
DIRECTOR BRENDAN BEATTY

Mailing Address Change Request Form

Assessment Code: _____
Geocode: 32-_____

Legal Owner Name: _____

Old Mailing Address

_____
_____
_____

New Mailing Address

_____
_____
_____

Please provide the last four digits of your **SSN or FEIN** _____

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 _____ Contact Phone _____

Email address _____

Return completed form to:

Montana Department of Revenue
Columbus Field Office
PO Box 359
Columbus, MT 59019-0359

For Department Use
Request taken over the phone by:

For questions, call our local field office at (406) 780-6950.