

**TWIN FALLS COUNTY MAIL ADDRESS CHANGE**

NAME

\_\_\_\_\_ *please print*

OLD ADDRESS

\_\_\_\_\_ *Street*

\_\_\_\_\_ *City State Zip*

NEW ADDRESS

\_\_\_\_\_ *Street*

\_\_\_\_\_ *City State Zip Phone #*

PARCEL #(s)

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

EMPLOYEE INITIALS

\_\_\_\_\_

OWNER'S SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_