



**Lincoln County  
Office of the Tax Administrator**

**Change of Address Form**

Tax Account # \_\_\_\_\_

Owner/Business: \_\_\_\_\_

Business / Last Name      First Name      Middle

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

Daytime Telephone: \_\_\_\_\_

Person Requesting Change: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

X \_\_\_\_\_

Signature of Person Requesting Change

Date

**Old Mailing Address**

Street Address or PO Box      City      State      Zip Code

**New Mailing Address**

c/o \_\_\_\_\_

Street Address or PO Box      City      State      Zip Code