



CITY OF БЕLOIT

REQUEST TO CHANGE MAILING ADDRESS

All requests to change a mailing address must be submitted in writing by the property owner. If
you

Please complete the following:

ParcelAddress: _____

Current Mailing Address: _____

New Mailing Address: _____

Person requesting Address Change: _____

Signature of Parcel Owner: _____

If you are not the owner of record for the property listed above, please indicate why you have
authorization to change the mailing address.

Telephone Number: _____

Email Address: _____

Please return this form to:

City Assessor

100 State St

Beloit WI 53511

[Email cobcama@beloitwi.gov](mailto:cobcama@beloitwi.gov) or fax 608-364-6642
