



Beloit

WISCONSIN

CITY OF BELOIT

REQUEST TO CHANGE MAILING ADDRESS

All requests to change a mailing address must be submitted in writing by the **property owner**. If you have questions, please call the **Assessor's office** at 608-364-6670.

Please complete the following:

Parcel Address: _____

Current Mailing Address: _____

New Mailing Address: _____

Person requesting Address Change: _____

Signature of Parcel Owner(s): _____

Telephone Number: _____

Email Address: _____

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

If mail recipient is not owner, provide name of recipient: _____
(A non-owner recipient will be listed as C/O)

Please return this form to:
City Assessor
100 State St
Email cobcama@beloitwi.gov or fax 608-364-6642
