

**PLUMAS COUNTY PROPERTY TAX RECORDS
MAILING ADDRESS CHANGE AUTHORIZATIONS**

DATE _____ ASSESSMENT NUMBER _____

OWNER'S NAME _____
LAST FIRST INITIAL

C/O NAME _____
LAST FIRST INITIAL

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (Home) _____ (Cell) _____

EMAIL _____

This form is to be completed only if the mailing address should be changed from that shown on the face of the tax bill.

This authorization form is for the County Assessor for entry into the record.