

CHANGE OF ADDRESS REQUEST

OWNER #1 _____ 1. PARCEL # _____
OWNER #2 _____ 2. PARCEL # _____
OWNER #3 _____ 3. PARCEL # _____

CHECK HERE IF THERE ARE MORE THAN 3 CO-OWNERS

CHECK HERE IF YOU OWN MORE THAN 3 PARCELS

OLD	NO. & STREET		
ADDRESS	CITY	STATE	ZIP
NEW	NO. & STREET		
ADDRESS	CITY	STATE	ZIP

SIGN _____ DATE _____

PLEASE RETURN TO:
ONEIDA COUNTY REAL PROPERTY LISTER
PO BOX 400
RHINELANDER WI 54501
RP@CO.ONEIDA.WI.US