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

_____ _____

SIGN HERE DATE

Please print, fill, and send to the following address:

ONEIDA CO. REAL PROPERTY LISTER
P.O. BOX 400
RHINELANDER, WI 54501-0400