

ADDRESS CHANGE AUTHORIZATION

Present Address

New Address

Parcel #(s): _____

Parcel #(s): _____

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Property Address: _____

Property Address: _____

Is this a permanent address change (because of a physical move)? Yes / No
Is this address change for MAILING PURPOSES only? Yes/ No

_____ Owner Name (Please Print)

_____ Owner Signature

_____ Phone #

_____ Date

Please return completed form to: Swift County Auditor/Treasurer Office
301 14th ST N
PO BOX 207
Benson, MN 56215