

**WALWORTH COUNTY**  
**REQUEST TO CHANGE MAILING ADDRESS**  
**(Tax Bill and Assessment Purposes only)**

List the Tax Key Number(s)/Parcel Number(s) of all the parcels for which the mailing address should be changed. You will find the Tax Key Number(s)/Parcel Number(s) on your tax bill(s).

_____ _____ _____
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Owner of Record: \_\_\_\_\_

Address as it appears on tax bill: \_\_\_\_\_

New Address: \_\_\_\_\_

Person Requesting Address Change: \_\_\_\_\_

**If you are not the owner of the tax parcel(s) listed above, please indicate why you have authorization to change the address:** \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature

Date

**Return this form to:**  
**Property Lister, 100 W Walworth St, Room 103, PO Box 1001, Elkhorn, WI 53121**  
**or fax to 262-741-4383 or email to [trpropertylisting@co.walworth.wi.us](mailto:trpropertylisting@co.walworth.wi.us)**

For Office Use Only
Received Via (Check One): <input type="checkbox"/> Treasurer's Office <input type="checkbox"/> Municipality <input type="checkbox"/> US Postal
Date Processed: _____ Completed By: _____
Notes: _____ _____