



**Town of Thornton • Assessing Department**

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**ADDRESS CHANGE FORM**

For Assessing Records and Tax Bills ONLY

**PLEASE PRINT**

DATE: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

PROPERTY ID #: \_\_\_\_\_

OWNER NAME(S): \_\_\_\_\_

\_\_\_\_\_

CHANGE MAILING ADDRESS FROM:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHANGE MAILING ADDRESS TO:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**Please return this form to the Assessing Department by hand delivery, mail, fax or email.**