Change Of Address Form
I hereby authorize and request that the following address be entered upon the tax rolls of Columbia County as my true and correct mailing address:

Owners Name		Date	
C/O			
New Address			
City		State	Zip
0	shall affect only that property designated space is needed please use the reverse	,	ecords as:
Account #	Account #		
Account #	Account #		
Account #	Account #		
Account #	Account #		
Account #	Account #		
Requested by:			Rec'd by:
Signature must be of ORS 311.555 (in part): "Each person, firm or c real or personal property are chargeable, shall b of the true and correct address of the person,	orporation owning real or personal pro keep the tax collector of the county whe		

Date:

Processed by:

Return completed form to:

Columbia County Tax Collector 230 Strand Street Saint Helens, OR 97051