



CHANGE OF MAILING ADDRESS OR TAXPAYER OF RECORD

ISLAND COUNTY ASSESSOR

Kelly Mauck

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TYPE OF REQUEST	1. <input type="checkbox"/> CHANGE taxpayer of record * 2. <input type="checkbox"/> CORRECT error in existing taxpayer of record's name 3. <input type="checkbox"/> UPDATE or correct owner's MAILING address
	<p>* If requesting change in taxpayer of record, attach a copy of the deed or other evidence of title, i.e. closing statement, real estate contract, death certificate, marriage certificate, court filed divorce decree, or probate documents identifying property distribution. See Requirements below.</p> <p>* Ownership changes must be made through a title company or an attorney.</p>

CURRENT TAX PAYER INFORMATION	Taxpayer _____	Date _____
	Property ID#: _____	
	Property Address (Situs) _____ _____	
	CITY	STATE
Phone: _____	Email: _____	

CHANGES	_____		
	TAXPAYER NAME (IF A CHANGE IS REQUIRED)		
	MAILING ADDRESS: _____ _____		
	CITY	STATE	ZIP

REQUIREMENTS	In order for us to effectively update our records, please identify and provide a recorded copy of the appropriate document as evidence of the change in taxpayer.
	<input type="checkbox"/> Recorded Marriage Certificate <input type="checkbox"/> Court Filed Divorce Decree <input type="checkbox"/> Death Certificate <input type="checkbox"/> Probate Document Identifying Property <input type="checkbox"/> Recorded Real Estate Contract <input type="checkbox"/> Distribution <input type="checkbox"/> Recorded Warranty Deed <input type="checkbox"/> Other _____

AFFIRMATION	I am the owner of the property described above and request the Island County Assessor to correct the records to reflect the information listed above. I understand that if I make a false entry upon the foregoing record I may be subject to prosecution.
	_____ <div style="display: flex; justify-content: space-around;"> TAXPAYER SIGNATURE DATE </div>