FLATHEAD COUNTY PROPERTY TAX
ADDRESS CHANGE REQUEST

For Internal Use Only:
2026___ 2027____

DATE_____2026 ASSR #_____

PROPERTY OWNER NAME_____

PROPERTY ADDRESS_____

NEW MAILING ADDRESS:

☐ CARE OF:_____

☐ ATTN:_____

ADDRESS_____

_____

CITY_____STATE_____ZIP_____

OWNER NAME PRINTED_____
Please include capacity to INC, LLC, Trust etc if applicable

OWNER NAME SIGNATURE_____
Electronically entered name accepted as signature

Please send completed forms to one of the following: email: plat@flatheadcounty.gov
Hand deliver or mail to: 800 S Main Room Suite 105, Kalispell, MT 59901