## REQUEST FOR NAME REVERSAL

——————————————————————————————————————		-	or Account No	
Tax Lot No.			or Account No.	
Tax Lot No			or Account No or Account No	
Additional acco	ounts listed on 1	reverse sic	le of this form.	
*******	******	******	************	
NAME REVERS	I • The assess	ment and	taxation records in Coos County,	
Oregon identify only <i>one</i> owner and address per account as the person to whom tax				
statements and other	•		-	
	-		on are identified by entering "ET AL"	
			d to receive mailings. The assessor's	
records are for asse	ssment and tax	ation purp	poses only and have no legal bearing.	
			an designate which owner is to	
	ements and all	other corre	espondence for computer purposes	
only.				
By my signature be	low. I have rea	d and und	derstand the above statement. I hereby	
3 3 3			derstand the above statement. I hereby and address be entered as the mailing	
authorize and reques	st that the follow	wing name	derstand the above statement. I hereby and address be entered as the mailing f Coos County for the above-referenced	
authorize and request contact upon the as	st that the follow	wing name	and address be entered as the mailing	
authorize and reques	st that the follow	wing name	and address be entered as the mailing	
authorize and request contact upon the as	st that the follow	wing name	and address be entered as the mailing	
authorize and reques contact upon the as account(s).	st that the follow	wing name	and address be entered as the mailing	
authorize and request contact upon the as account(s).  Name:	st that the follow	wing name tax rolls of	and address be entered as the mailing coos County for the above-referenced	

FEE: \$20.00