

Notice: There is a charge for a Name Change or Adding an Agent. Fee schedule is at the bottom of the form:

REQUEST FOR NAME CHANGE ON COOS COUNTY

ASSESSMENT & TAXATION RECORDS

This Form Does Not Apply to Manufactured Structures Titled Through Department of Commerce and Business Services

This request is for property described in the Coos County Assessor's records as:

Tax Lot No. - - - - _____ or Account Number: _____
Tax Lot No. - - - - _____ or Account Number: _____
Tax Lot No. - - - - _____ or Account Number: _____

Additional accounts may be listed on next page. Tab to go to the next field

CHANGE OF RECORD OWNER. I request that the above identified property be now listed in the name(s) of:

As record owner by virtue of the following reason: (check one)

- Death of Life Estate Holder – (Attach copy of death certificate)
- Death of husband or wife while Tenants in Entirety – (Attach copy of death certificate)
- Property conveyed by court order in divorce or civil action – (Attach copy of court documents)
- Probate Court Order of Court Order of Final Distribution – (Attach copy of court documents)
- Other: _____

AGENT AUTHORIZATION: I authorize and request that the following name and address be entered on the assessment and tax rolls of Coos County as my agent for all communications as specified below:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____

THIS AUTHORIZATION WILL BE EFFECTIVE UNTIL RECINDED IN WRITING OR CHANGED BY STATUTE. ORS 311.250(1) ".....on or before October 25 in each year, the tax collector shall deliver or mail to each person (as defined in ORS 311.605) shown on the tax roll as an owner of real or personal property, or t an agent or representative authorized in writing pursuant to ORS 308.215 by such person a written statement of property taxes payable on the following November 15....."

AGENT CANCELLATION: I request that _____ be removed as my agent and future notices and tax statements be mailed to:

- The Record Owner
- The Agent (designated above)

PLEASE BE ADVISED THAT ANY DOCUMENTATION REQUESTED ABOVE BECOMES A PART OF OUR RECORD AND THEREFORE BECOMES PUBLIC RECORD. IF YOU DO NOT WISH TO PROVIDE THIS TYPE OF INFORMATION, YOU MAY WISH TO SEEK ATTORNEY ASSISTANCE IN PREPARING ALTERNATE DOCUMENTATION.

Signature of Record Owner: _____
Address: _____
Phone Number: _____
Date Signed: _____

Fee: <input type="checkbox"/> \$25 – Name Change <input type="checkbox"/> \$15 – Agent Change Only (Add or Delete)
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