



**CITY OF WAUWATOSA**

**ASSESSOR'S OFFICE**

7725 WEST NORTH AVENUE  
WAUWATOSA, WISCONSIN 53213  
(414)479-8969  
[tassessor@wauwatosa.net](mailto:tassessor@wauwatosa.net)  
[www.wauwatosa.net/assessor](http://www.wauwatosa.net/assessor)

**CHANGE OF MAILING ADDRESS FORM**

**Property Address:** \_\_\_\_\_

**Parcel Number/ID:** \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

C/O: (if applicable) \_\_\_\_\_

**CHANGE TO:**

New Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Requested By: (please print) \_\_\_\_\_

Please fill out agent authorization form if you are not property owner

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

**FILL OUT THE SECTION BELOW TO CHANGE WATER BILL MAILING ADDRESS**

**Check if water bill mailing address is the same as above:**      If not, complete the section below.

Who will be receiving the water bill?    Owner:      Tenant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**IMPORTANT: Please return the original form to the ASSESSOR'S OFFICE**