

Office of the Assessor



Anne Schafer, Assessor

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ADDRESS CHANGE: DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SCHEDULE #'S: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_