

## IF YOU MOVE

If at any time the property is sold or you change your primary residence, Minnesota State law requires you to notify the Assessor within 30 days.

## **NOTICE OF MOVE**

Name:				
Property ID #:			_	
Moved From:				
E				
Date of Move:				
Disposition of Property	: For Sale / Relative \	Will Occupy / Re	ental / Will Occupy Se	easonally
New Mailing Address:				
City:		State:	Zip:	
Daytime Telephone Incl	luding Area Code: _			
Owner's Signature		Date		
Owner's Signature		Da	ate	

If there are additional owners, please attach a separate piece of paper with their dated signatures.

Please fax to 952-563-4741 Attn: Assessing OR place in a stamped envelope and mail to:

Bloomington Assessor's Office 1800 W Old Shakopee Rd Bloomington MN 55431