



IF YOU MOVE....

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

NOTICE OF MOVE

Name: _____

Moved from: _____

Parcel ID# if known: _____

Date of Move: _____

Do you still own the property? Yes No Selling -closing date is ____/____/____
(please note: if someone other than a legal owner is occupying the property, a rental license is required)

New Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone including area code: _____

Owner's Signature Date last 4 digits of Social Security Number

Owner's Signature Date last 4 digits of Social Security Number

Owner's Signature Date last 4 digits of Social Security Number

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

Mail, email or fax to:

City of Crystal
Attn: Homesteads
4141 Douglas Dr N
Crystal, MN 55422

Phone: 763.531.1118
Fax: 763.531.1188
Email: gail.vankrevelen@crystalmn.gov
www.crystalmn.gov