

BOB OVERBECK | ASSESSOR

LARIMER COUNTY | OFFICE OF THE ASSESSOR

P.O. Box 1190, Fort Collins, Colorado 80522-1190 | 970-498-7050 | Larimer.gov/assessor

Personal Property Change Form

If you have a change in your business name, mailing address, physical location (situs), or FEIN number, use this form to update that information with the Larimer County Personal Property Department. Please complete the current business information section with your business information then complete the relevant section(s) below to update it. **Email completed form to PersonalProperty@Larimer.org.** FEIN changes take 48 hours to process.

Current Business Information (required)

Account/Schedule Number: P _____

Business Corporate Name: _____

Business DBA: _____

Physical Location: _____ City: _____ Zip Code: _____

Section 1: Business Ownership Change

If your business has undergone an ownership change, please complete this section with the new owner information.

Corporate Name: _____ Business DBA: _____

Owner Name (person): _____ Date of Ownership Change: _____

Mailing Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Selling Price of Personal Property Only (furniture, fixtures, machinery, and equipment): \$ _____

Section 2: Mailing Address Change

If your business has a new mailing address, please complete this section with the new address.

Business Name: _____ Care Of: _____

Mailing Address: _____ City: _____ Zip Code: _____

Section 3: Physical Location (situs) Change

If the physical location of your business has changes, please complete this section with the new address.

Business Name: _____

Situs Address: _____ City: _____ Zip Code: _____

Section 4: Federal Employer Identification Number (FEIN) Change

If your FEIN needs to be updated or added to our system in order to file using the online portal, please complete this section.

FEIN: _____

I certify that I am authorized to submit this Personal Property Change Form and that the information provided is true and accurate to the best of my knowledge.

Printed Name: _____ Position/Title: _____ Date: _____

Signature: _____