

BOB OVERBECK | ASSESSOR
LARIMER COUNTY | OFFICE OF THE ASSESSOR

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Personal Property Change Form

Use this form to update your business name, mailing address, physical location (situs), FEIN number, or ownership information with Larimer County Personal Property Department. **Email completed form to PersonalProperty@Larimer.gov.** This form does not take the place of filing your Declaration Schedule.

PART 1: Current Business Information (required)

Please complete this section as it appears on the current record to help us locate the account

Account/Schedule Number: P _____

Business Corporate Name: _____

Business DBA: _____

Physical Location: _____ City: _____ Zip Code: _____

PART 2: CHANGE DETAILS

Check the box for the type of change(s) you are making and complete the corresponding section(s)

Section A: Business Ownership Change

Complete this section if the business has been sold or has new owners.

New Corporate Name: _____ New Business DBA: _____

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

New Mailing Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

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

Section B: Mailing Address Change

Complete this section to update where you receive personal property tax correspondence.

Business Name: _____ Care Of (Attention To): _____

New Mailing Address: _____ City: _____ Zip Code: _____

Section C: Physical Location (situs) Change

Complete this section if the physical location of the business assets has moved.

Business Name: _____

New Situs Address: _____ City: _____ Zip Code: _____

Section D: Federal Employer Identification Number (FEIN) Change

Complete this section to update or add your FEIN for online filing. FEIN changes take 48 hours to process.

FEIN: _____

PART 3: CERTIFICATION AND SIGNATURE

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: _____