

**AUTHORIZED ADDRESS CHANGE REQUEST**

**OWNER NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

If owner is deceased or property is held in a trust, please enclose a **copy** of any legal documents showing your authority to change the mailing address. Original documents will **not** be returned.

Check all appropriate boxes:

- Account # \_\_\_\_\_
- Account # \_\_\_\_\_
- Account # \_\_\_\_\_
- Account # \_\_\_\_\_
- Account # \_\_\_\_\_
- Mobile Home Account # \_\_\_\_\_
- Personal Prop Account # \_\_\_\_\_

**PLEASE PRINT**

**OLD MAILING ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT**

**NEW MAILING ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGN HERE → AUTHORIZED SIGNATURE** \_\_\_\_\_

BY SIGNING, I AFFIRM THAT I AM THE OWNER OF THIS PROPERTY [OR AUTHORIZED TO SIGN FOR] & UNDERSTAND THAT FUTURE MAILINGS WILL BE SENT TO THIS ADDRESS

**CONTACT PHONE NUMBER (DAYTIME)** \_\_\_\_\_

**CONTACT EMAIL** \_\_\_\_\_

**PLEASE VERIFY/CORRECT MAILING ADDRESS AND MAIL, FAX OR HAND DELIVER FORM TO AN ADDRESS BELOW:**

**LA PLATA COUNTY ASSESSOR'S OFFICE**  
MAILING ADDRESS: **P.O. BOX 3339**  
**DURANGO, CO 81302**  
PHYSICAL ADDRESS: **1101 E 2<sup>nd</sup> AVE SUITE A**  
**DURANGO, CO 81301**  
**FAX: 970-382-6237**  
**Phone: 970-382-6228**

**IT'S EASY TO GO PAPERLESS FOR YOUR NOTICE OF VALUATION! SIMPLY GO TO OUR WEBSITE: [http://co.laplata.co.us/government/elected\\_officials/assessor\\_s\\_office](http://co.laplata.co.us/government/elected_officials/assessor_s_office) & FOLLOW THE INSTRUCTIONS ON THE ELECTRONIC NOTICES PAGE.**