REQUEST FOR CHANGE OF ADDRESS

NAME_____ DATE_____

ACCOUNT #_____

ACCOUNT #_____

ACCOUNT #_____

ACCOUNT #_____

ACCOUNT #_____

OLD MAILING ADDRESS_____
_____
_____
_____

NEW MAILING ADDRESS_____
_____
_____
_____

AUTHORIZED SIGNATURE_____

PLEASE FILL OUT AND RETURN THIS FORM TO EITHER
THE LA PLATA COUNTY ASSESSOR OR TREASURER.

La Plata County Assessor
PO Box 3339
Durango, CO 81302

La Plata County Treasurer
PO Box 99
Durango, CO 81302