

AUTHORIZED ADDRESS CHANGE REQUEST

NAME _____ **DATE** _____

Check all appropriate boxes:

- Account # _____
- Account # _____
- Account # _____
- Account # _____
- Account # _____ **PLEASE PRINT**
- Mobile Home Account # _____
- Personal Prop Account # _____

OLD MAILING ADDRESS _____

PLEASE PRINT _____

NEW MAILING ADDRESS _____

AUTHORIZED SIGNATURE _____

**PLEASE VERIFY/CORRECT MAILING ADDRESS
AND RETURN FORM TO THE ADDRESS SHOWN BELOW**

**LA PLATA COUNTY ASSESSOR
P.O. BOX 3339
DURANGO, CO 81302**

PROPERTY OWNER _____

