

AUTHORIZED ADDRESS CHANGE REQUEST

OWNER NAME _____ **DATE** _____

If you own properties under different names, include sufficient information to identify all parcels you want updated.

If owner is deceased or property is held by trustee other than yourself, 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: **We are responsible for updating only those accounts listed below**

- Account # _____
- Account # _____
- Account # _____
- Account # _____
- Account # _____
- Mobile Home Account # _____
- Personal Prop Account # _____

PLEASE PRINT

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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 OR HAND DELIVER FORM TO THE ADDRESS BELOW:

**LA PLATA COUNTY ASSESSOR'S OFFICE
679 TURNER DR SUITE A
DURANGO, CO 81303**

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 &
FOLLOW THE INSTRUCTIONS ON THE ELECTRONIC NOTICES PAGE.**