



Office of the Assessor
 155 S Seward Street
 Juneau AK 99801

ADDRESS CHANGE	
Name:	
Date :	
Phone:	
Email:	

ADDRESS CHANGE

This form is for address changes only. To change ownership or how the name reads contact the State Recorders Office at 465-2514

Please list all Parcels affected by this address change:

OR, if parcel # is unknown, list the physical addresses (house number & street name)

1)	2)
3)	4)

Old Mailing Address:

New Mailing Address:

I hereby swear and affirm that I am the person, executor, power of attorney, guardian, authorized officer/agent/representative of the person for whom mail would be forwarded by the United States Postal Service under this order.

Sign: _____

Date: _____



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