

Change of Address

Date: _____

Parcel / Property
Identification Number(s):

For office use	
Entered	_____
Edited	_____
Scanned	_____

Owners Name:

Old Address:

New Address:

Received from (print):

Phone
Number:

Signature

For office use
Received By:

Information
received at: Counter:

Other:

Return to:
Municipality of Anchorage
Property Appraisal Division

Mail to:
P.O. Box 196650
Anchorage, AK 99519-6650

Or return to:
632 W. 6th Ave. Room 330
Anchorage, Alaska

Fax: (907) 343-6599