

# Change of Address

Date: \_\_\_\_\_

Parcel / Property  
Identification Number (s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owners Name: \_\_\_\_\_

\_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received from (print): \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

Signature \_\_\_\_\_

For office use	
Entered	_____
Edited	_____
Scanned	_____

For office use  
Received By: \_\_\_\_\_

Information  
received at:

Counter:      Other:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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 300  
Anchorage, Alaska**

Fax: (907) 343-6599  
E-mail to: [propappcs@muni.org](mailto:propappcs@muni.org)