

**Edward Becenti**

Assessor



**MCKINLEY COUNTY**

**Ernest Charles Becenti III**

Chief Deputy Assessor

**Application for Mailing Address Change**

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

Account Number(s): \_\_\_\_\_

**New Mailing Address**

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

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

City : \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Situs Address**

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

Situs Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Person Requesting Change: \_\_\_\_\_

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

In Person

By Mail

By Phone

Received By: \_\_\_\_\_

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

**\* PLEASE NOTE THAT THIS DOES NOT CHANGE LEGAL OWNERSHIP ON ACCOUNT(S)**

**ASSESSOR'S OFFICE**

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