ASSESSOR OF MOHAVE COUNTY

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JEANNE KENTCH
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ASSESSOR ADDRESS PROTECTION PROGRAM
AFFIDAVIT OF UNDERSTANDING

Parcel #_____ PLEASE, ONE PARCEL PER FORM

Owner(s) Name _____ _____

Owner(s) Phone Numbers _____ _____

List Owner(s) Mailing Address that will be protected below:

_____

Please write your mailing address on the above line

_____

Please write your mailing City, State & Zip Code on the above line

Each owner, please read & initial each section below:

____ I (we) am (are) the owner(s) of the above-mentioned parcel and am/are requesting that my/our mailing address be placed into the Address Protection Program. Furthermore, I/we understand that this affidavit only applies to the parcel listed above. All owners of record must participate and sign in front of a Notary Public.

____ I (we) understand that by signing this document in front of a Notary Public, to the fullest extent permitted by law, my/our mailing address will not be changed without the submission of an additional Address Protection Program Affidavit of Understanding.

____ I (we) agree to keep my/our phone number(s) current with Mohave County Assessor's office.

____ I (we) understand the sole purpose of this Address Protection Program is to enhance level of security to protect a parcel owner's mailing address. I also understand that Mohave County, and its departments, agencies, officers, officials, agents, employees, and volunteers (hereinafter referred to as "Indemnitee") assume no legal duty or responsibility whatsoever for the service arising out of this Address Protection Program.

____ I (we) hereby agree, to the fullest extent permitted by law, to immediately defend, indemnify, and hold harmless Mohave County and the Indemnitee from and against any and all claims, actions, liabilities, damages, losses, or expenses (including, but not limited to, court costs, attorneys' fees, and costs of claim processing, investigation and litigation) for any and all loss or damage arising out of this Address Protection Program.

____ I (we) hereby certify that all the information provided above is true and accurate. There is a $50.00 per parcel application fee for this service. If I/we change our mailing address, I/we will complete a new Affidavit at no additional charge for the said parcel.

In Witness Whereof, I (we) have hereunto set my (our) hand(s) and seal this _____ day of _____, 20___.

_____ _____

Printed Name Signature

_____ _____

Printed Name Signature

ACKNOWLEDGEMENT

State of _____)
) §
County of _____)

On this ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____
Known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same to be his (her) (their) free act and deed.

My Commission Expires:_____ _____

Notary Public

(seal)