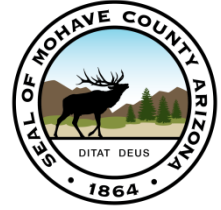


ASSESSOR OF MOHAVE COUNTY

700 W BEALE STREET, PO BOX 7000, KINGMAN AZ 86402, PHONE (928) 753-0703, FAX (928) 753-0749

JEANNE KENTCH
Assessor
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DARREN RASMUSSEN
Chief Deputy
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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 "Indemnatee") assume no legal duty or responsibility whatsoever for the service arising out of this Address Protection Program.

