



## CCAP Change of Mailing Address

**Mailing address changes should be requested 60 days or more before the change.**

**Provide all required information at one time.**

CCAP Number(s) \_\_\_\_\_

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

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

Date of Change of Mailing Address \_\_\_\_\_

Change of Mailing Address fee payable to the City of Arcata

Date Submitted \_\_\_\_\_

Accepted by \_\_\_\_\_

Approval Date \_\_\_\_\_

Action Taken \_\_\_\_\_