



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. Include this form.

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 _____
