

ARIZONA STATE HISTORIC PROPERTY TAX PROGRAM AFFIDAVIT OF CHANGE OF OWNERSHIP

Historic Property Name (If Applical	ole):		
Property Address:			
City:		AZ Zip:	
Historic District (If Applicable):			
Mailing Address:			
City:	State:	Zip:	:
Telephone number: ()		
	d residential d residential/Rental con ne producing use		
remain classified as historic resider applicable to Historic Property class. Regulations pursuant to ARS § architectural integrity of the pro- implementation; submit a report, describing the condition of said pro- or his designee, to view the premi-	above referenced hist ntial and will maintain ssification. I (we) her §42-12101,42-12008, 4 operty; provide the if requested, per the roperty and any altera- ises of the above prop is granted for only 15	n said property in acreby consent to abid 42-12009, 42-12010, SHPO with plans required form, to the tions made; allow the consecutive years in the	that I (we) wish to have this property coordance with Arizona laws and rules le by Arizona State Parks Board Rules, 42-12108, as amended; maintain the for alterations for review prior to the State Historic Preservation Officer, the State Historic Preservation Officer, the penalties involved if decertified; and f classified as non-commercial historic equirements of this program.
(Note: ALL CURRENT OWNER	S MUST SIGN BELO	OW)	
Owner Signature:			Date:
Co-Owner Signature:			Date:
Co-Owner Signature:			Date:
Return to: State Historic Preserv Arizona State Parks of 1110 West Washingt Phoenix, AZ 85007	& Trails		

Or email to: spt@azstateparks.gov