

## CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

APPRAISAL SUPPORT SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0700 FAX (916) 875-0705 https://assessor.saccounty.gov

## **CHANGE OF MAILING ADDRESS**

Property assessment information and property tax bills are mailed to the current address of record on file with the County Assessor. Property owners are responsible for notifying the Assessor promptly whenever their mailing address has changed.

Assessor Parcel Number(s):	
Assessment Number(s):(If Applicable)	
Property Owner: (Please Print)	
Last Name First Name Property Address:	e Middle
Street Address	
City Sta	ate Zip
New Mailing Address as of/(Date)	
Address 1 (or c/o)	
Address 2	
City Sta	ate Zip
This property has been:	Sold ☐ Rented ☐ Neither ☐
➤ Was this your principal place of residue.	dence? Yes ☐ No ☐
▶ I/we vacated the property on (Date I	Moved):/
I no longer reside at the property location shown above as my principal place of residence; please remove any Homeowner's Exemption applied on my behalf for this location as of// (Date Moved).	
Property Owner or Agent: (Please Print)	
Last Name First Name	e Middle / /
Signature	Date
Email Address	 Daytime Phone Number
ASSESSOR USE ONLY	Add □ Change □ Delete □
Initials: Date:	Add HOX  Remove HOX