

## James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

## **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 Num	ber(s):	
Assessment Number	(s):(If Applicable)	
Property Owner: (Plea	se Print)	
Last Name Property Address:	First Name	Middle
Street Address		
City	State	Zip
New Mailing Address	as of/(Date)	
Address 1 (or c/o)		
Address 2		
City	State	Zip
→ This property have a compared to the property have a co	s been:	Sold ☐ Rented ☐ Neither ☐
	incipal place of residence?	Yes □ No □
▶ I/we vacated the	property on (Date Moved):	
residence; pleas		own above as my principal place of Exemption applied on my behalf for red).
Property Owner or Ag	gent: (Please Print)	
Last Name	First Name	Middle
Signature		/// Date
Email Address		Daytime Phone Number
ASSESSOR USE ONLY		Add ☐ Change ☐ Delete ☐
Initials: Date:		Add HOX ☐ Remove HOX ☐