

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 Parc	el Number(s):	
Assessment N	umber(s):(If Applicable)	
Property Owne	er: (Please Print)	
Last Name Property Addre	First Name	Middle
Street Address		
City	State	Zip
New Mailing A	ddress as of/(Date)	
Address 1 (or c/o)		
Address 2		
City	State	Zip
→ This prop	perty has been:	Sold ☐ Rented ☐ Neither ☐
	your principal place of residence?	Yes □ No □
► I/we vaca	ated the property on (Date 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 Owne	er or Agent: (Please Print)	
Last Name	First Name	Middle / /
Signature		Date (
Email Address		Daytime Phone Number
ASSESSOR USE ONLY		Add ☐ Change ☐ Delete ☐
Initials: Date:		Add HOX \square Remove HOX \square