EF-FC01-R01-0413-07000805-1 CAA-FC01-REV.01(04-13)



## Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

## **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.

| Asse                           | essor Parcel Number(s):                     |                        |            |             |  |
|--------------------------------|---|------------------------|------------|-------------|--|
| Asse                           | essment Number(s):                          |                        |            |             |  |
| Property Owner: (Please Print) |   |                        |            |             |  |
| Prop                           | erty Address:                               |                        |            |             |  |
| Street                         | t Address                                   |                        |            |             |  |
| City State                     |   |                        | Zip        |             |  |
| New                            | Mailing Address as of(Da                    | ite)                   |            |             |  |
| Addre                          | ess 1                                       |                        |            |             |  |
| Addre                          | ess 2                                       |                        |            |             |  |
| City                           | State                                       | te                     |            | Zip         |  |
| <b>&gt;&gt;</b>                | Has this property been sold or rented?      |                        | Yes □      | No □        |  |
| <b>&gt;&gt;</b>                | Was this your principal place of residence? |                        | Yes □      | No □        |  |
| <b>&gt;&gt;</b>                | I/we vacated the property on (date):        |                        |            |             |  |
| Prop                           | perty Owner or Agent: (Please Print)        |                        |            |             |  |
| Last Name First Name           |   |                        | Middle     |             |  |
| Signature                      |   |                        | Date       | <del></del> |  |
| Email Address                  |   | Daytime Phone Number   |            |             |  |
|                                | SSESSOR USE ONLY                            |                        | hange 🗌 De |             |  |
| Initials: Date:                |   | Add HOX ☐ Remove HOX ☐ |            |             |  |

