

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 Pr	int)			
Last Name First Name Property Address:			Middle	
Street Address				
City State			Zip	
New Mailing Address as of/(Date)				
Address 1 (or c/o)				
Address 2				·
City	State		Zip	
→ This property has be	en:	Sold □ Re	ented Ne	ither 🗆
→ Was this your princip	oal place of residence?		Yes □	No □
I/we vacated the pro	perty 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 Owner or Agent: (Please Print)				
Last Name First Name		Middle / /		
Signature		()	/ Date	<u>'</u>
Email Address		Daytime Phone Number		
ASSESSOR USE ONLY		Add ☐ Change ☐ Delete ☐		
Initials: Date:		Add HOX ☐ Remove HOX ☐		