

## Greg Monteverde Acting Assessor

Public Service Unit West Tasman Campus 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-5500 addresschange@asr.sccgov.org www.sccassessor.org

## **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 Na                                 | ame First Name erty Address:  | Middle                             |
| Street A                                | Address   |                                    |
| City                                    | State   | Zip                                |
| New Mailing Address as of/(Date)        |   |                                    |
| Address 1 (or c/o)                      |   |                                    |
| Address 2                               |   |                                    |
| City                                    | State   | Zip                                |
| <b>&gt;&gt;</b>                         | This property has been:   | Sold ☐ Rented ☐ Neither ☐          |
| <b>&gt;&gt;</b>                         | Was this your principal place of residence?   | Yes □ No □                         |
| <b>&gt;&gt;</b>                         | I/we vacated the property on (Date Moved):  | /                                  |
|   | I no longer reside at the property location sho residence; please remove any Homeowner's this location as of/ (Date Mov | Exemption applied on my behalf for |
| Property Owner or Agent: (Please Print) |   |                                    |
| Last Na                                 | ame First Name  | Middle / /                         |
| Signature                               |   |                                    |
| Email Address                           |   | Daytime Phone Number               |
| ASSESSOR USE ONLY                       |   | Add ☐ Change ☐ Delete ☐            |
| Initials: Date:                         |   | Add HOX ☐ Remove HOX ☐             |