

KATHY SCRIVEN SUTTER COUNTY ASSESSOR 1190 Civic Center Blvd. Yuba City, CA 95993 Phone: (530) 822-7160 Fax: (530) 822-7198 www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

## 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 N<br>Prop                          | lame First Name<br>erty 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 been:   | Sold 🗌 Rented 🗌 Neither 🗌 |
| ••                                      | Was this your principal place of residence?   | Yes 🗌 🛛 No 🗌              |
| ••                                      | I/we vacated 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 Owner or Agent: (Please Print) |   |                           |
| Last N                                  | ame First Name  | Middle<br>/ /             |
| Signature  Date    ()                   |   |                           |
| Email Address                           |   | Daytime Phone Number      |
| ASSESSOR USE ONLY                       |   | Add 🗌 Change 🗆 Delete 🔲   |
| Initials: Date:                         |   | Add HOX 🗌 Remove HOX 🛛    |

