



**Madelyn Woodman**  
**County Clerk | Recorder | Assessor**  
P.O. Box 1255  
Weaverville, CA 96093  
Phone: (530) 623-1257  
Fax: (530) 623-8398  
assessor@trinitycounty.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 Name First Name Middle

**Property Address:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

<b>New Mailing Address</b> 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): \_\_\_\_/\_\_\_\_/\_\_\_\_

<input type="checkbox"/>	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).
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**Property Owner or Agent:** (Please Print)

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Email Address Daytime Phone Number

<b>ASSESSOR USE ONLY</b>	Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>
Initials: _____ Date: _____	Add HOX <input type="checkbox"/> Remove HOX <input type="checkbox"/>

