



**Douglas W. Wacker**  
**County Assessor-Recorder**  
Lake County Courthouse  
255 North Forbes Street  
Lakeport, CA 95453  
Assessor's Office Phone: 707-263-2302  
Recorder's Office Phone: 707-263-2293  
Fax: 707-263-3703

## 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):** \_\_\_\_\_

**Property Owner:** (Please Print) \_\_\_\_\_

**Property Address:** \_\_\_\_\_

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

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

**New Mailing Address** as of \_\_\_\_\_ (Date)

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

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

▶▶ Has this property been sold or rented?..... Yes ☐ No ☐

▶▶ Was this your principal place of residence?..... Yes ☐ No ☐

▶▶ I/we vacated the property on (date): ..... \_\_\_\_\_

**Property Owner or Agent:** (Please Print)

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

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

Email Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Number

**ASSESSOR USE ONLY**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Add ☐ Change ☐ Delete ☐

Add HOX ☐ Remove HOX ☐

