



**Shelly Scott**  
**Assessor-Recorder-County Clerk**  
County of Marin  
CHANGE IN OWNERSHIP DIVISION  
P.O. Box C  
San Rafael, CA 94913  
Phone: (415) 473-7231  
Fax: (415) 473-6255  
www.marincounty.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

**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 Name First Name Middle

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

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

**ASSESSOR USE ONLY**

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

Add ☐ Change ☐ Delete ☐

Add HOX ☐ Remove HOX ☐

