

## Tammie Guenthart Mariposa County Assessor

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719 tguenthart@mariposacounty.org Monday-Friday:8am-5pm

## **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 Property 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 plan  | ace 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<br>residence; please remove any Homeowner's Exemption applied on my behalf for<br>this location as of/ (Date Moved). |                   |                                  |
| Property Owner or Agent: (Please Print)   |                   |                                  |
| Last Name   | First Name        | Middle                           |
| Signature   |                   | ///<br>                          |
|   | (                 | )                                |
| Email Address Daytime Phone Number  |                   | aytime Phone Number              |
| ASSESSOR USE ONLY   |                   | Change ☐ Delete ☐                |
| Initials: Date:   | Add HO            | X $\square$ Remove HOX $\square$ |

