



**SUSAN M. RANOCHAK**  
**MENDOCINO COUNTY ASSESSOR**  
501 Low Gap Road, Room 1020  
Ukiah, CA 95482  
Telephone: (707) 463-4315  
Fax: (707) 463-6597

## 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

<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"/>	

