

CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

APPRAISAL SUPPORT SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0700 FAX (916) 875-0705 https://assessor.saccounty.gov

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: (Plea	ise Print)	
Last Name Property Address:	First Name	Middle
Street Address		
City	State	Zip
New Mailing Address	s as of/(Date)	
Address 4 (or o/o)		
Address 1 (or c/o)		
Address 2		
City	State	Zip
This property h	as been:	Sold □ Rented □ Neither □
→ Was this your p	rincipal place of residence?	Yes □ No □
▶ I/we vacated the	e property on (Date Moved):	/
residence; plea	de at the property location shown se remove any Homeowner's Exof/ (Date Moved	emption applied on my behalf for
Property Owner or A	gent: (Please Print)	
Last Name	First Name	Middle
Signature		/
E		()
Email Address		Daytime Phone Number
ASSESSOR USE ONLY		Add ☐ Change ☐ Delete ☐
Initials: Date:		Add HOX \square Remove HOX \square

