

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: (Please Print)	
Last Name Property Address: First Name	Middle
Street Address	
City	Zip
New Mailing Address as of/(Date)	
Address 1 (or s/s)	
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 she residence; please remove any Homeowner's this location as of/(Date Mo	s Exemption applied on my behalf for
Property Owner or Agent: (Please Print)	
Last Name First Name	Middle / /
Signature	Date
Email Address	() Daytime Phone Number
ASSESSOR USE ONLY	Add ☐ Change ☐ Delete ☐