

## Jordan Marks San Diego County Assessor

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## **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 Add                               | dress  |                                    |
| City                                     | State  | Zip                                |
| New Mailing Address as of/(Date)         |  |                                    |
| Address 1                                | (or o/o)   |                                    |
| Address i                                | (or c/o)   |                                    |
| Address 2                                | 2  |                                    |
| City                                     | State  | Zip                                |
| <b>→</b> T                               | his property has been:   | Sold ☐ Rented ☐ Neither ☐          |
| <b>→</b> ∨                               | Vas this your principal place of residence?                                      | Yes □ No □                         |
| <b>→</b> 1/                              | we vacated the property on (Date Moved):   |                                    |
| re                                       | no longer reside at the property location shows it is location as of// (Date Mov | Exemption applied on my behalf for |
| Property Owner or Agent: (Please Print)  |  |                                    |
| Last Name                                | e First Name   | Middle / /                         |
| Signature                                |  | Date                               |
| Email Address                            |  | ()<br>Daytime Phone Number         |
| ASSESSOR USE ONLY  Add □ Change □ Delete |  |                                    |
| Initials                                 | _  | Add HOX □ Remove HOX □             |