Request for Change of Address

ONLY OWNER SIGNED REQUESTS FOR CHANGE OF ADDRESS WILL BE ACCEPTED

If new owner, date acquired ____________________________________________

Assessor's Parcel Number __ __ __ __ __ __ __ __ __ __

Property Location ________________________________________________

                                      Street

                                      City       State       Zip

MAIL FUTURE ASSESSMENT CORRESPONDENCE AND TAX BILLS TO: (Please Print)

Note: Lender addresses are not acceptable

Name

Street

                                      City       State       Zip

Signature of person filing Change of Address Form

______________________________________________________________

Name of person filing Change of Address Form PLEASE PRINT

(______) Telephone Number

Mail form to: County Assessor, Attn: Address Control
70 West Hedding Street, 5th Floor, East Wing
San Jose, CA 95110-1770

Or, Fax form to: (408) 298-9446

QUESTIONS?: CALL (408) 299-5526