

Shanna White County Clerk-Recorder-Assessor

Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

P.O. Box 1255

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 First Name Property Address:		Middle	
Street Address			
City State		Zip	
New Mailing Address as of/(Date)			
Address 1 (or c/o)			
Address 2			
City	State	Zip	
This property has been:	Sol	d □ 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 shown above as my principal place of residence; please remove any Homeowner's Exemption applied on my behalf for this location as of/ (Date Moved).			
Property Owner or Agent: (Please Print)			
Last Name Fi	st Name	Middle	
Signature Date			
Email Address Daytime Phone Number		mber	
ASSESSOR USE ONLY		Add ☐ Change ☐ Delete ☐	
Initials: Date:		Add HOX ☐ Remove HOX ☐	