

Sendy Perez Assessor

516 W. Sycamore St., 2nd Floor Willows CA 95988 Phone: (530) 934-6402 Fax: (530) 934-6571

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.

Asse	essor Parcel Number(s):				
Asse	essment Number(s):(If Appli	cable)			
Prop	erty Owner: (Please Print)				
Last Name Property Address:		First Name		Middle	
Street	Address				
City		State		Zip	
New	Mailing Address as of	//(Date)			
Addre	ss 1 (or c/o)				
Addre	ss 2				
City		State		Zip	
>>	This property has been:		Sold □	Rented □ Ne	either 🗆
>>	Was this your principal pla	ace 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).				
Prop	erty Owner or Agent: (Plea	se Print)			
Last Name		First Name		Middle /	
Signature			,	Date	<u> </u>
Email Address			() Daytime Phone Number		
AS	SSESSOR USE ONLY		Add □	Change ☐ Dele	ete 🗆
Ini	tials: Date:		XOH bbA	(□ Remove HC	ox □ ˈ