EF-FC01-R01-0413-39001675-1 CAA-FC01-REV.01(04-13)



## Steve J. Bestolarides Assessor-Recorder-County Clerk

San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Telephone: (209) 468-9348 https://www.sjgov.org/department/assessor

## **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):                      |   |                            |                   |      |  |
| Property Owner: (Please Print)             |   |                            |                   |      |  |
| Property Address:                          |   |                            |                   |      |  |
| Street                                     | Address                                     |                            |                   |      |  |
| City                                       | State                                       |                            | Zip               |      |  |
| New Mailing Address as of (Date)           |   |                            |                   |      |  |
| Addre                                      | ss 1  |                            |                   |      |  |
| Addre                                      | ss 2  |                            |                   |      |  |
| City                                       | State                                       |                            |                   | Zip  |  |
| <b>*</b>                                   | Has this property been sold or rented?      |                            | Yes □             | No □ |  |
| <b>&gt;&gt;</b>                            | Was this your principal place of residence? |                            | Yes □             | No □ |  |
| <b>&gt;&gt;</b>                            | I/we vacated the property on (date):        |                            |                   |      |  |
| Property Owner or Agent: (Please Print)    |   |                            |                   |      |  |
| Last Name First Name                       |   |                            | Middle            |      |  |
| Signature                                  |   |                            | Date              |      |  |
| Email Address                              |   | ()<br>Daytime Phone Number |                   |      |  |
|  | Audi 699                                    |                            | inio Filone Nulli |      |  |
| ASSESSOR USE ONLY  Add ☐ Change ☐ Delete ☐ |   |                            |                   |      |  |
| i ini                                      | tials: Date:                                | - Add HOX I                | Remove H          | ()X  |  |

