CHANGE OF MAILING ADDRESS INFORMATION

Submit this form **ONLY IF YOUR MAILING ADDRESS IS DIFFERENT** than the mailing address on your tax bill.

(PLEASE FILL OUT ELECTRONICALLY AND/OR PRINT)

Owners Name: _____ _____ _____
(Last Name) (First Name) (Initial)

Phone Number: _____
(###) ### - ####

Company Name
(If Applicable): _____

Old Address: _____ _____ _____ _____
(Street Address) (City) (State) (Zip Code)

New Address: _____ _____ _____ _____
(Street Address) (City) (State) (Zip Code)

Date moved to new address: _____

Is this a change in principal place of Residence? ☐ Yes ☐ No

Please list all parcel numbers to be changed:

_____

_____

Owner Signature: _____ Title: _____

E-mail Address: _____ Date: _____

If there are multiple owners, all must sign:

_____ _____

_____ _____

Please Mail or Fax(209-725-3956) the completed and signed change of address form to:

KENT B. CHRISTENSEN
ASSESSOR, MERCED COUNTY
2222 M STREET MERCED, CALIFORNIA 95340-3780