



**SHASTA COUNTY**  
**OFFICE OF THE ASSESSOR-RECORDER**  
 LESLIE MORGAN, ASSESSOR-RECORDER

**CHANGE OF MAILING ADDRESS REQUEST**

**IMPORTANT:** You must be the current property owner in order to change the mailing address.  
 This form cannot be used to change the owner's name.

ASSESSMENT / PARCEL NUMBER(S) \*

OWNER'S NAME (Last name first) \_\_\_\_\_

\_\_\_\_\_

IN CARE OF NAME (if applicable) \_\_\_\_\_

\_\_\_\_\_

PERMANENT MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

(List any additional numbers on reverse)

\* If this property has been your principal residence, please complete:  
 Still Occupy     Sold     Rental    Date Moved Out: \_\_\_\_\_

Do you have an assessable manufactured home located on this property?     YES     NO

Do you have a boat or aircraft assessed in Shasta County?     YES     NO  
 CF or N # \_\_\_\_\_

Do you have a business assessed in Shasta County?     YES     NO  
 If yes, name of business: \_\_\_\_\_

I hereby request that the assessor's records, for all assessments listed hereon, be changed so that all mailings (including, but not limited to, valuation notice cards, property statements, exemption or exclusion claim forms, supplemental assessment notices and correspondence) generated by the Shasta County Assessor's Office reflect the mailing address indicated above.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Required)

Daytime Phone: \_\_\_\_\_

**FOR ASSESSOR'S USE ONLY**  
 Date Processed: \_\_\_\_\_  
 Initials: \_\_\_\_\_