



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: _____