## GUS S. KRAMER CONTRA COSTA COUNTY ASSESSOR

## **CHANGE OF ADDRESS FORM**

Please Type or Print

Property valuation information and tax bills are mailed to the address contained in Assessor's Office records. It is important that we have your current mailing address to avoid unnecessary delays in delivery.

It is the owner's responsibility to advise the Assessor when the mailing address has changed. Please use this form to report a change in address. If you have any questions regarding your mailing address, please call (925) 313-7400.

ASSESSOR PARCEL NU	MBER (APN):				
OR BUSINESS ACCOUN	T NUMBER:				
PROPERTY LOCATION:  Street Address			City		
PROPERTY OWNER:					
	Last Name	F	irst Name		Middle Initial
HAVE YOU MOVED FROM	M THE PROPERTY L				
		Y	es or No		Date Moved
NEW MAILING ADDRESS	<b>S</b> :				
Care of Name (If Applicable)					
Street Address	City		State	Zip Code + 4	
OWNER REQUESTING C	HANGE:				
	Last Name		First Name		Middle
				( )	
Signature of Owner Requesting Change		Date	<del>)</del>	Daytime Telephone (Required	
OLD MAILING ADDRESS	:				
Street Address		City		State	Zip Code
EFFECTIVE DATE OF AD	DRESS CHANGE:				
	7	Month / Day / Yea	ar		

MAIL OR FAX Gus S. Kramer, Contra Costa County Assessor

COMPLETED FORM TO: Attn: Standards

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359

Fax: (925) 313-7488