COMPLETE THIS FORM AND MAIL TO:
SAN JOAQUIN COUNTY ASSESSOR
ATTN: TRANSFER SECTION
44 N. SAN JOAQUIN ST. SUITE 230 STOCKTON CA 95202

CHANGE OF MAILING ADDRESS REQUEST

NOTE: THIS REQUEST CANNOT BE USED TO CHANGE THE OWNER'S NAME.

PLEASE PRINT OR TYPE THE REQUESTED INFORMATION.

(LAST) (FIRST)

C/O NAME

(LAST) (FIRST)

NEW ADDRESS

(NUMBER) (STREET)

(CITY) (STATE) (ZIP CODE) - (PLUS 4)

AUTHORIZED BY: _____
(NAME OF OWNER REQUESTING CHANGE) (PHONE) (DATE)

FOR OFFICE USE ONLY

☐ Assessor _____
(Name) (Date)

☐ Tax Collector _____
(Name) (Date)

RECEIVED VIA:

☐ Counter

☐ Mail

☐ Phone

LIST ALL ASSESSOR PARCEL NUMBERS NEEDING A CHANGE.

LIST ALL ASSESSOR ACCOUNT NUMBERS NEEDING A CHANGE

_____
_____
_____
_____
_____
_____

Assessor 186 (Rev 06/06)