

REQUEST FOR CHANGE OF ADDRESS

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Parcel No.

IF THE ADDRESS APPEARING ON THE ATTACHED TAX BILL OR LETTER IS NOT CORRECT, ENTER THE CORRECT INFORMATION ON THIS CARD AND RETURN IT TO THE SAN BERNARDINO COUNTY ASSESSOR. COMPLETE A SEPARATE CARD FOR EACH PARCEL. **DO NOT RETURN THIS CARD IF THE ADDRESS IS CORRECT.**

NEW MAILING ADDRESS

Mailing Address _____

City, State and Zip _____

Telephone Number () _____ () _____
Daytime Evening

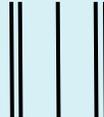
TO AVOID A POSSIBLE DELAY IN PROCESSING THIS REQUEST, MAKE CERTAIN **ALL** AREAS ARE COMPLETED AND CARD IS SIGNED.

Print Name (must be owner of record)

Signature

Date

AOS 058 Rev. (01-15)



FIRST CLASS STAMP HERE

BOB DUTTON, ASSESSOR-RECORDER-COUNTY CLERK
COUNTY OF SAN BERNARDINO
ASSESSOR'S OFFICE
172 WEST THIRD STREET
SAN BERNARDINO, CA 92415-0310

