

**County of San Bernardino
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554
Internet: www.sbcounty.gov



REQUEST FOR CHANGE OF ADDRESS

To request a change of address with the Clerk of the Board of Supervisors, please submit a complete, signed form via fax to (909)387-4554, email at cob@sbcounty.gov or US mail to 385 North Arrowhead, 2nd Floor, San Bernardino, CA 92415-0130.

It is the applicant's responsibility to notify the Clerk of the Board of a change of mailing address to ensure proper notification of assessment appeals related information.

Please note: This form is to request a change of address with the Clerk of the Board of Supervisors only. A separate request must be submitted to any other agency with the County of San Bernardino.

Applicant's Name: First: _____ Last: _____
Appeal Number _____
New Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact No: () - _____
Print Name of Signer: _____ Date: _____
Signature of Applicant or Agent: _____

County Use Only

Clerk of the Board		
Date Received: _____	Date Entered: _____	Initials: _____
