



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

385 N. Arrowhead Avenue, 2<sup>nd</sup> 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](mailto:cob@sbcounty.gov) or US mail to 385 North Arrowhead, 2<sup>nd</sup> 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: _____	

Please note: Altered forms will not be accepted and will be returned unprocessed.

**County Use Only**

<b>Clerk of the Board</b>		
Date Received: _____	Date Entered: _____	Initials: _____