



**San Bernardino County  
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  
Email: COB-Appeals.Correspondence@cob.sbcounty.gov  
Internet: www.sbcounty.gov

**REQUEST FOR CHANGE OF ADDRESS**

**Please submit only one Change of Address Form for each appeal application.**

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-Appeals.Correspondence@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 for:  
 Applicant  Agent

A separate request must be submitted to any other agency with the San Bernardino County.

<b>APPLICANT INFORMATION (IF APPLICABLE)</b>
Applicant Name : _____
Mailing Address: _____ City/State: _____ Zip: _____
Contact Phone No: _____

<b>AGENT INFORMATION (IF APPLICABLE)</b>
Agency Name: _____
Agent Last Name: _____ First Name: _____
Mailing Address: _____ City/State: _____ Zip: _____
Contact Phone No: _____

<b>APPEAL INFORMATION</b>
Appeal Number: _____
Assessor Parcel Number (APN): _____

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

I certify that I am the Applicant, or I am authorized to complete and sign this form for the Applicant.

Signature: _____	Date: _____
Printed Name: _____	Title: _____
Signer's Status: <input type="checkbox"/> owner <input type="checkbox"/> agent <input type="checkbox"/> attorney <input type="checkbox"/> spouse <input type="checkbox"/> registered domestic partner <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> person affected <input type="checkbox"/> CA attorney, state bar # _____ <input type="checkbox"/> corporation's officer or designated employee	

**County Use Only**

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