GUS S. KRAMER CONTRA COSTA COUNTY ASSESSOR

CHANGE OF ADDRESS FORM

Please Type or Print

Property valuation information and tax bills are mailed to the address contained in Assessor's Office records. It is important that we have your current mailing address to avoid unnecessary delays in delivery.

It is the owner's responsibility to advise the Assessor when the mailing address has changed. Please use this form to report a change in address. If you have any questions regarding your mailing address, please call (925) 313-7400.

ASSESSOR PARCEL N	JMBER (A	PN):					
OR BUSINESS ACCOUN	IT NUMBE	R:					
PROPERTY LOCATION:							
	dress	S		City			
PROPERTY OWNER:	Last Name			First Name		Middle Initial	
HAVE VOLUMOVED EDG			CATION			madio iima	
HAVE YOU MOVED FROM THE PROPERTY LOCATION			Yes or No	Date Moved			
NEW MAILING ADDRES	S:						
Care of Name (If Applicable)							
Street Address			City		State	Zip Code + 4	
OWNER REQUESTING CHANGE:			City		State	Zip Code 1 4	
		Last Name First Name		Middle			
Signature of Owner Requesting Change				Date I		Daytime Telephone (Required)	
OLD MAILING ADDRES	S:						
Street Address			City		State	Zip Code	
EFFECTIVE DATE OF A	DDRESS (CHANGE:					
LITEORIVE DATE OF A	DDINEGO (nth / Day	/ Year			

MAIL, EMAIL OR FAX Gus S. Kramer, Contra Costa County Assessor **COMPLETED FORM TO:**

Attn: Public Service

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359

Email: customerservice@assr.cccounty.us

Fax: (925) 313-7488