



CHANGE OF MAILING ADDRESS REQUEST

Please use this form to report a change in mailing address. It must be signed by an owner, their attorney, an officer of the corporation, or an authorized property manager. It is the owner's responsibility to advise the Assessor when the mailing address has changed. If you have any questions regarding your mailing address, please call (415) 554-5596

Please type or print clearly, sign, and mail completed form to:

San Francisco Assessor-Recorder's Office
Attn: Public Service
City Hall, Room 190
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

1. Assessor's Parcel No. (from annual tax bill): VOLUME _____ BLOCK _____ LOT _____
2. Property Address Location: _____
Number and Street City State Zip Code
3. Old Mailing Address: _____
Number and Street City State Zip Code
4. New Mailing Address: _____
Number and Street City State Zip Code
5. Care of Name (if applicable): _____
6. Effective Date of Address Change: _____
Month / Day / Year

Certification

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all the information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

Signature of Person Requesting Change

Title

Date

Print Name of Person Requesting Change

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Daytime Telephone Number (Required)

E-mail

Assessor's Use Only

Add _____ Change _____ Delete _____

Approved by: _____
Print Name Date

Processed by: _____
Print Name Date