Office of the Assessor County of Santa Clara West Tasman Campus 130 West Tasman Drive San Jose, CA 95134 (408) 299-5500 FAX (408) 298-9446 E-mail: addresschange@asr.sccgov.org Website: www.sccassessor.org	Mailing Addres Change Request Form	ILMIEUL * AC	ASSESSOR TAULT Control Topological Assessor	
	•			
Assessor's Parcel Number:	If new owner, date acqu	ired:		
Acct No (Businesses Only):	Today's I	Date:		
Property Address:				
Street				
City		State	Zip Code	
MAIL FUTURE ASSESSMENT AND T	AX BILLS TO: (Please print or type)			
Note: Lender addresses are not acceptable				
Name				
Street				
City		State	Zip Code	
Signature of Person Filing	Change of Address Form			
Name of Person Filing Cha	nge of Address Form (Please print or type	e)		
Phone Number	E-mail Address			
Return <i>Signed</i> * form by Mail, Fax,	or E-mail:			
County Assessor Attn: Address Control 130 West Tasman Drive San Jose, CA 95134	FAX (408) 298-9446 A	ddresschange@asr.s	sccgov.org	
	or owner's authorized agent to be processed. (For forms signed ly on file with our office.) Scanned copies of signed forms are a		nt Authorization Form	

Assessor's Office Mission: To produce an annual assessment roll including all assessable property in accordance with legal mandates in a timely, accurate, and efficient manner; and to provide current assessment-related information to the public and governmental agencies in a timely and responsive way.