

REQUEST FOR CHANGE OF ADDRESS

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Parcel No.

IF THE ADDRESS APPEARING ON THE ATTACHED TAX BILL OR LETTER IS NOT CORRECT, ENTER THE CORRECT INFORMATION ON THIS CARD AND RETURN IT TO THE SAN BERNARDINO COUNTY ASSESSOR. COMPLETE A SEPARATE CARD FOR EACH PARCEL. **DO NOT RETURN THIS CARD IF THE ADDRESS IS CORRECT.**

NEW MAILING ADDRESS

Mailing Address _____

City, State and Zip _____

Telephone Number () _____ () _____
Daytime Evening

TO AVOID A POSSIBLE DELAY IN PROCESSING THIS REQUEST, MAKE CERTAIN **ALL** AREAS ARE COMPLETED AND CARD IS SIGNED.

Print Name (must be owner of record)

Signature

Date

AOS 058 Rev. (01-25)



FIRST CLASS STAMP HERE

JOSIE GONZALES, ASSESSOR-RECORDER-COUNTY CLERK
SAN BERNARDINO COUNTY
ASSESSOR'S OFFICE
222 W. HOSPITALITY LANE, 4TH FLOOR
SAN BERNARDINO, CA 92415-0311