



OFFICE OF SHELLY SCOTT  
ASSESSOR - RECORDER - COUNTY CLERK

REQUEST FOR CHANGE OF ADDRESS

Please use this form to change the mailing address for your tax bills.

Assessor Parcel Number(s) or \_\_\_\_\_

Business Property Number(s) \_\_\_\_\_

Owner's Name(s) \_\_\_\_\_

Property Address (Situs) \_\_\_\_\_  
Street

City State Zip

Is this property address your principal place of residence?  YES  NO

If YES, please explain why this change SHOULD NOT affect the status of a Homeowner's Exemption:

New Mailing Address:

Name c/o

Street

City State Zip

Effective Date

\_\_\_\_\_  
Please PRINT name of person requesting change

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
*Signature (required)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address (Optional)

Please **MAIL** this completed form to:  
*\*signature required*

**Marin County Assessor-Recorder-County Clerk**  
**County of Marin**  
**PO Box C, Civic Center Branch**  
**San Rafael, CA 94913**

Or you may **FAX** this form to:  
*\*signature required*

**(415) 473-6542**

Or you may **EMAIL** this form to:  
*\*signature required*

**Assessor@MarinCounty.org**