



OFFICE OF RICHARD N. BENSON
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

Date

Email Address (Optional)

Please mail this completed form to: **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: **(415) 473-6542**