

**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. (06-19)



FIRST CLASS STAMP HERE

BOB DUTTON, ASSESSOR-RECORDER-COUNTY CLERK  
COUNTY OF SAN BERNARDINO  
ASSESSOR'S OFFICE  
222 WEST HOSPITALITY LANE  
SAN BERNARDINO, CA 92415-0311