



# OFFICE OF THE ASSESSOR-RECORDER-COUNTY CLERK

*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's Parcel Number(s)** \_\_\_\_\_  
\_\_\_\_\_

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

**Property Address**  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

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:

\_\_\_\_\_

<b>New Mailing Address:</b>			
Name		c/o	
Street			
City		State	Zip Code
Effective Date			

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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) 499-6542**