



Clerk of the Assessment Appeals Board

Assessment Appeals Division

400 W. Civic Center Dr, Room 110

Santa Ana, CA. 92701

(714) 834-3457 ** FAX (714) 560-4592

Robin Stieler
Clerk of the Board

Irene Muro
Assessment Appeals Division Manager

REQUEST FOR CHANGE OF ADDRESS FORM

Name of Applicant, Agent or Attorney: _____

Request for Change of Address for (Check one)

- Applicant
- Agent
- Attorney

OLD Mailing Address:

Street Address

City State Zip

() ()

Phone Number Fax Number

NEW Mailing Address

Street Address

City State Zip

() ()

Phone Number Fax Number

One of the boxes below must be checked:

- As the Applicant, I am requesting a Change of Address for the Application Number(s) and Parcel/Bill/Assessment Number(s) listed below.
- As the duly authorized Agent/Attorney for the Applicant named above, I am requesting a Change of Address for Application Number(s) and Parcel/bill/Assessment Number(s) listed.
- As the authorized employee/Corporate Officer, _____(Title) for the Applicant named above, I am requesting a Change of Address for Application Number(s) and Parcel/bill/Assessment Number(s) listed.
- I am an Agent/Attorney submitting a change of business address only.

Please provide the following if applicable:

Application Number: _____ Parcel/Bill/Assessment Number: _____

Application Number: _____ Parcel/Bill/Assessment Number: _____

- Additional affected applications numbers are listed on attachment. Number of pages attached: _____

Signature of Owner Agent/Attorney/Authorized Employee/Corporate Officer

Print Name

Date