ADDRESS CHANGE FORM

Parcel Number: ____________________________________________

Owner: ______________________________________________________

New Address: _________________________________________________

City                        State                        Zip Code

Phone: ______________________________

Signature: ______________________________________________________

I certify under penalty of perjury under the laws of the State of California that all the information on this form is true and correct.

Date: ________________________________________________________

Is the parcel number referenced above your primary residence? _____________

MAIL COMPLETED FORM TO:

TRINITY COUNTY ASSESSOR
PO BOX 1255
WEAVERVILLE CA 96093

*****FAXED AND/OR E-MAILED SUBMISSIONS WILL NOT BE PROCESSED*****

(For Office Use Only)
Date Change Made: ___________________________________________________