



# TRINITY COUNTY

**Shanna S. White**

County Clerk/Recorder/Assessor

**Julie K. Barcellona**

Deputy County Clerk/Recorder/Assessor

## ADDRESS CHANGE FORM

Parcel Number:

\_\_\_\_\_

Owner :

\_\_\_\_\_

\_\_\_\_\_

New Address:

\_\_\_\_\_

City

State

Zip Code

Phone:

\_\_\_\_\_

Signature:

\_\_\_\_\_

I certify under penalty of perjury und 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:

\_\_\_\_\_