



COUNTY OF ALPINE
Office of Assessor
Donald O'Connor
Alpine County Assessor/Recorder

CHANGE OF ADDRESS REQUEST

You have received this form because office policy requires us to have a document on record for any address changes. You may have requested a change of address verbally, by e-mail or other means, but we cannot make the official change with that alone. In addition, we may have reason to think you need to update your mailing address with us. Please fill out this form and mail the signed original to PO Box 155 Markleeville, CA 96120 or hand deliver to our office.

ASSESSOR'S PARCEL NUMBER _____ - _____ - _____ - _____

PLEASE PRINT

Name Shown on Tax Bill _____

Present Owner's Name _____

New Mailing Address _____

City, State, Zip _____

Signature of Owner _____ Date _____

Phone Number _____

If you wish to change the address for additional parcels you own, please list those Parcel numbers below.

A.P.N. _____ - _____ - _____ - _____ A.P.N. _____ - _____ - _____ - _____

A.P.N. _____ - _____ - _____ - _____ A.P.N. _____ - _____ - _____ - _____

A.P.N. _____ - _____ - _____ - _____ A.P.N. _____ - _____ - _____ - _____

A.P.N. _____ - _____ - _____ - _____ A.P.N. _____ - _____ - _____ - _____

A.P.N. _____ - _____ - _____ - _____ A.P.N. _____ - _____ - _____ - _____

A.P.N. _____ - _____ - _____ - _____ A.P.N. _____ - _____ - _____ - _____

NOTE: If you purchased the property after January 1st. of this year, your recorded deed will change the name and address on **next years** tax bill.