

CHANGE OF ADDRESS

EL DORADO COUNTY
ASSESSOR'S OFFICE
360 FAIR LANE
PLACERVILLE, CA 95667

Owner's Name	Please print – Last Name, First Name, Middle Initial _____
New Address	_____ Number and Street or P.O. Box Number _____ City State Zip Code
Parcel(s)	<input type="checkbox"/> (if more than 4 parcels, please list on reverse side) APN: _____ APN: _____ APN: _____ APN: _____

_____ Signature	_____ Date	_____ Eff. Addr. Chg. Date	_____ Phone Number
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FOR OFFICE USE ONLY

Change Requested By: _____	Date: _____	Year Processed: _____
Received By: _____	Dept.: _____	By: _____ Date: _____