



# Clerk of the Assessment Appeals Board

Assessment Appeals Division

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**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