**MAILING ADDRESS CHANGE REQUEST**

**DATE:**

PLEASE PRINT NEW ADDRESS

If this request is from a legal entity (i.e. corporation, partnership, LLC etc.) please do not use this form, but rather submit your request on company stationery with the information listed below and signed by a corporate officer or representative. If you are an agent acting on the owner’s behalf please submit documentation that states you are authorized to request changes.

**ASSESSOR’S PARCEL NUMBER/ PROPERTY LOCATION:**

**OWNER NAME:**

**NEW MAILING ADDRESS:**

**CITY:**   **STATE: ZIP CODE:**

**DAY TIME PHONE NUMBER: ( )**

**IF MORE THAN ONE ASSESSOR’S PARCEL NUMBER:**

DATE THAT YOU MOVED FROM PARCEL: 20

 Month/Day

SIGNATURE OF THE PROPERTY **OWNER**:

**Instructions: Fill out the above information and mail as follows; or fax to: 707-784-2475**

**Solano County Assessor/Recorder**

**ATTN: Address Change**

**675 Texas Street, Suite 2700**

**Fairfield, CA 94533-6338**

NOTE: PLEASE BE ADVISED THAT AN ADDRESS CHANGE MAY AFFECT THE ELIGIBILITY FOR YOUR HOMEOWNERS EXEMPTION.