



TULARE COUNTY ASSESSOR TARA K. FREITAS, CPA
CHANGE OF MAILING ADDRESS REQUEST

Date:

Current Name and Address of Record



Scan with your smartphone for a digital copy of this form.

INSTRUCTIONS

Fill in parcel number information, sign and mail or email to the address provided below.

Be advised this form **WILL NOT** change title, and an address change may affect the eligibility of your Homeowners Property Tax Exemption.

Assessor Parcel Number(s) <i>Example: 123-456-789</i>	Situs/Physical Address	Principal Residence?
1. APN: _____ 000	_____	
2. APN: _____ 000	_____	
3. APN: _____ 000	_____	
4. APN: _____ 000	_____	
5. APN: _____ 000	_____	

If you have additional APNs to update, please fill out a new form or attach a list of APNs.

NEW MAILING ADDRESS

Information will be updated for next year's correspondence and will NOT regenerate annual billings.

PRINT OWNER'S NAME (as on title)

ADDRESS LINE - C/O

STREET ADDRESS OR P.O. BOX

CITY, STATE, AND ZIP CODE

Signature of Person Requesting Change Printed Name of Person Requesting Change Date Daytime Telephone Number (required)

Owner Other _____

Additional information may be required to authorize these changes.

Assessor's Use Only

Approved By

Date

Returned:

For signature

For authorization

Rev. 12/2024