COUNTY OF KERN ASSESSOR'S OFFICE CHANGE OF MAILING ADDRESS REQUEST FORM

IMPORTANT: You must be the current property owner in order to change the mailing address. This form <u>cannot</u> be used to change the owner's name or the property address.

TO: Subject:	County of Kern Assessor's Office MAILING ADDRESS CHANGE		OWNER	
Assesso	or's Parcel Number:			
Property				
Assesse	e Name(s):			
OLD MA	ILING ADDRESS:			
Street Add	ress	City	State	Zip Code
	AILING ADDRESS:			
Street Add	ress	City	State	Zip Code
	whin to Assesses:			
				()
Signature of	of Person Requesting Change (required)) Date		Daytime Telephone
EFFECT	IVE DATE OF THE CHANGE:			
		Month/Day/Year		
		JAMES W. FITCH, KERN COUNTY ASSESSOR		
		ATTN: ADDRESS UPDATE		
		1115 TRUXTUN AVENUE		

BAKERSFIELD, CA 93301-4639