LARRY W. WARD
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER

Assessor
P.O. Box 751
Riverside, CA 92502-751
(951) 955-6200

Website: www.riversideacr.com
Portal: www.riversidetaxinfo.com

CHANGE OF MAILING ADDRESS FORM

GENERAL INSTRUCTIONS

- **A change of mailing address request can only be accepted when signed by the property owner or agent.**
- **Complete the information below and either:**
  - **Fax to: (951) 955-0420**

    OR
  - **Mail to: Assessor's Office, Attn: Title Division, P.O. BOX 12004, Riverside, CA 92502-2204**

(PLEASE LIST ALL PARCELS AFFECTED BY THIS CHANGE)	
***ASSESSOR'S PARCEL NUMBER (APN)**	***PROPERTY ADDRESS (Street, City, State, Zip Code)**
APN ___ ___ ___ - ___ ___ ___ - ___ ___ ___ - ___ ___	
APN ___ ___ ___ - ___ ___ ___ - ___ ___ ___ - ___ ___	
APN ___ ___ ___ - ___ ___ ___ - ___ ___ ___ - ___ ___	
APN ___ ___ ___ - ___ ___ ___ - ___ ___ ___ - ___ ___	
APN ___ ___ ___ - ___ ___ ___ - ___ ___ ___ - ___ ___	

***OWNER'S NAME:**

LAST NAME FIRST NAME MIDDLE

***NEW MAILING ADDRESS:**

STREET CITY STATE ZIP CODE

***OLD MAILING ADDRESS:**

STREET CITY STATE ZIP CODE

***PROPERTY OWNER/AGENT SIGNATURE** PHONE DATE

*Required Information

If this request is from a legal entity (corporation, partnership, LLC, etc.) please do not use this form; submit your request on company stationery with the information listed above signed by a corporate officer.

IF YOUR CHANGE OF MAILING ADDRESS FORM IS INCOMPLETE, YOUR FORM MAY NOT BE PROCESSED