



**Office of Tom J. Bordonaro, Jr., County Assessor**

1055 Monterey Street, Suite D360, San Luis Obispo, CA 93408  
(805) 781-5643 Fax: (805) 781-5641 Website: slocounty.ca.gov/assessor

Assessor's use only:

**REQUEST TO CHANGE ASSESSEE NAME/ADDRESS**

Assessor's Parcel Number(s): \_\_\_\_\_  
\_\_\_\_\_

**Please change the name and mailing address of the assessee on the tax bill to:**  
*(Assessee must be on title to the property.)* PLEASE PRINT.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that I am a vested owner in the property listed above and hereby authorize the Assessor's Office to make this change. If the Assessor's records do not reflect my name as a vested owner, I will supply a copy of the document by which I acquired title. I understand that this change will be effective only until the Assessor's Office receives another request for a change, either in writing or by recorded document.

\_\_\_\_\_  
PROPERTY OWNER SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER (8:00 AM TO 5:00 PM)

\_\_\_\_\_  
DATE

**THIS FORM DOES NOT TRANSFER TITLE**