



TRINITY COUNTY

Shanna S. White

County Clerk/Recorder/Assessor

ADDRESS CHANGE FORM

Assessment Number: _____

Owner : _____

New Address: _____

City State Zip Code

Phone: _____

Signature: _____
I certify under penalty of perjury und the laws of the State of California
that all the information on this form is true and correct.

Date: _____

Is the parcel number referenced above your primary residence? _____

MAIL COMPLETED FORM TO:

TRINITY COUNTY ASSESSOR

PO BOX 1255

WEAVERVILLE CA 96093

*******FAXED AND/OR E-MAILED SUBMISSIONS WILL NOT BE PROCESSED*******

(For Office Use Only)

Date Change Made: _____