Susan M. Horne
Nevada County Assessor

950 Maidu Avenue
Nevada City, CA 95959
Phone: (530) 265-1232 FAX: (530) 265-9858

Clear Form

Request for Change of Mailing Address

Check all that apply: ☐ Residence ☐ Boat ☐ Business ☐ Aircraft ☐ Other

Category/Account # (if known): _____

List all that require the requested mailing address change:

1. **Assessor's Parcel Number (APN):** _____

Property Location: _____

2. **Assessor's Parcel Number (APN):** _____

Property Location: _____

3. **Assessor's Parcel Number (APN):** _____

Property Location: _____

Mail future assessment correspondence and tax bills to:

Name on property: _____

C/O _____

Street _____

City _____ *State* _____ *Zip Code* _____

Sign Here After Printing

Property Owner's Signature **Date** ( )

Print Name **Daytime Phone Number**

Title (If property is owned by a legal entity) **Email**

If you are an authorized agent of the property owner, you must provide copies of legal documents authorizing you to act as an agent on behalf of the property owner.

Sign Here After Printing

Authorized Agent's Signature **Date** ( )

Print Name **Daytime Phone Number**

Email