

## 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 Email: Assessor@co.slo.ca.us www.slocounty.ca.gov/assessor

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## REQUEST TO CHANGE ASSESSEE NAME

Property valuation notices and tax bills are mailed to the current address on file with the Assessor's Office. To update the name on future property assessment correspondence and tax bills, you must currently be on title to the property in the official records.

Please list Assessor's Parcel	Number(s) affected by name change:
	<u> </u>
	<del></del>
Change the name on the tax b	vill to (Please Print):
authorize the Assessor's Office t as a vested owner, I will supply a	ry that I am a vested owner in the property listed above and hereby to make this change. If the Assessor's records do not reflect my name a copy of the document by which I acquired title. I understand that this ill the Assessor's Office receives another request for a change, either ent.
Property Owner's Signature (Re	equired):
Print Name:	Date:
Email:	Phone:

THIS FORM DOES NOT TRANSFER TITLE