



**San Bernardino County
Clerk of the Board of Supervisors
Assessment Appeals**

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-4413 Fax (909) 387-4554
Email: Appeals@cob.sbcounty.gov
Internet: cob.sbcounty.gov

CHANGE OF ADDRESS FORM

Please submit only one Change of Address Form for each appeal application.

To request a change of address with the Clerk of the Board of Supervisors, please submit a complete, signed form via fax, email, or US mail. Please see above for phone numbers and address.

It is the applicant's responsibility to notify the Clerk of the Board of a change of mailing address to ensure proper notification of assessment appeals related information.

Please note: This form is to request a change of address with the **Clerk of the Board of Supervisors only** for:

Applicant

Agent

A separate request must be submitted to any other agency with the San Bernardino County.

APPLICANT INFORMATION (IF APPLICABLE)			
Applicant Name :	_____		
Mailing Address:	_____	City/State: _____	Zip: _____
Contact Phone No:	_____		

AGENT INFORMATION (IF APPLICABLE)			
Agency Name:	_____		
Agent Last Name:	_____	First Name: _____	_____
Mailing Address:	_____	City/State: _____	Zip: _____
Contact Phone No:	_____		

APPEAL INFORMATION	
Appeal Number:	_____
Assessor Parcel Number (APN):	_____

Signature

Please Print Name

Date Signed

***Please fax, mail, or email the completed form to the number or address listed above.
Altered forms will not be accepted.***

County Use Only

Clerk of the Board		
Date Received:	Date Entered:	Initials:
_____	_____	_____