



County of Santa Cruz

SEAN SALDAVIA, ASSESSOR
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www.co.santa-cruz.ca.us/asr

Sheri Thomas
Chief Deputy-Valuation
Claudia Cunha
Chief Deputy-Administration

ADDRESS CHANGE AUTHORIZATION*

*This request can only be used to change the mailing address on the tax bill – **not the owner's name.**

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ (Your phone # will be kept confidential and will only be used to contact you if we have questions.)

List all parcels to which this change should be applied:

Parcel # _____

Do you have a boat and/or harbor slip assessed in Santa Cruz County? Yes No
If yes, provide the following information:

CF or Document # _____ Harbor Slip # _____

Do you have an aircraft and/or hangar assessed in Santa Cruz County? Yes No
If yes, provide the following information:

N # _____ Aircraft Hangar # _____

Do you have a business assessed in Santa Cruz County? Yes No
If yes, provide the following information:

Account # _____
Name of business _____

IF YOU ACQUIRED TITLE TO THIS PARCEL WITHIN THE LAST 6 MONTHS, PLEASE PROVIDE THE NAME OF THE FORMER OWNER:

Signature

Date

If owned by a legal entity, please print your name and title

Return this completed form to: Santa Cruz County Assessor
701 Ocean St., Rm. 130
Santa Cruz, CA 95060