

MONTEREY COUNTY ASSESSOR, P.O. BOX 570 SALINAS, CALIFORNIA 93902-0570

DATE: _____

ASSESSOR'S PARCEL NUMBER

-	-	-
-	-	-
-	-	-
-	-	-
-	-	-

**AUTHORIZATION TO CHANGE ADDRESS.
UPON COMPLETION OF THIS AUTHORIZATION,
YOUR MAILING ADDRESS WILL BE CHANGED.**

NAME: _____
(PLEASE PRINT OR TYPEWRITE NAME EXACTLY AS IT APPEARS ON DEED)

NEW ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SIGNATURE: _____

TEL # _____