

## Change of Mailing Address

MAIL TO : LOS ANGELES COUNTY ASSESSOR 500 W. TEMPLE ST., DEPT M/A LOS ANGELES, CA 90012-2770

EMAIL TO : AddressChange@assessor.lacounty.gov

Complete this form if your mailing address is incorrect or has changed. This form must be signed in the name of the authorized individual submitting the address change request.

If you need assistance, please call 213.974.3441, email AddressChange@assessor.lacounty.gov, or visit our website at https://assessor.lacounty.gov. Si desea ayuda en Español, llame al número 1.888.807.2111.

Only requests received from the owner whose name appears in the Assessor's records will be accepted for processing.

IMPORTANT: If the owner of record is a company, legal entity, estate or trust, or if the request is submitted by an agent of the owner, etc., additional supporting documentation is required to process this change of mailing address. For a list of required supporting documents, please visit https://assessor.lacounty.gov/homeowners/change-mailing-address

## REAL PROPERTY (Single Family Residential/Apartments/Office/All Commercial Properties)

(PLEASE LIST PARCELS AFFECTED BY THIS CHANGE)						
ASSESSOR'S ID NUMBER (AIN)		PROPERTY ADDRESS (Street Address, City, State, Postal Code)				
AIN						
AIN						
AIN						
AIN						
AIN						

Document Number (from deed) Recording No./Recording Date (if known)

## **BUSINESS PROPERTY AND UNSECURED PROPERTY ONLY**

## Company No./Assessment No.

(from unsecured tax bill, whichever applies)

New Mailing Address*	STREET A	DDRESS				
	CITY			STATE	POSTAL CODE	
Property Owner's Daytime Pl	none*					
Property Owner's Email Add	ress*					
Property Owner's Agent Name Additional Info./Comments	LAST		FIRST			
LAST* Owner's Name*		FIRST*			MIDDLE	
Owner's Signature*			Date			
ASSR-451 (Rev. 7/2023)					* Required Fiel	ds