



COUNTY OF LOS ANGELES ASSESSMENT APPEALS BOARD

KENNETH HAHN HALL OF ADMINISTRATION / 500 W TEMPLE STREET ROOM B4 / LOS ANGELES CALIFORNIA 90012
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ASSESSMENT APPEALS BOARD CHANGE OF MAILING ADDRESS and CONTACT INFORMATION

Changes made on this form will affect Assessment Appeals Board records only.

MARK BOX TO CHANGE CONTACT INFORMATION FOR APPLICANT - Complete Sections I & II

Applicant Name: _____

MARK BOX TO CHANGE CONTACT INFORMATION FOR AGENT OR ATTORNEY - Complete Section II Only

Tax Agent Registration # (TARN)

Agent or Attorney Name: _____
(If applicable)

**MARK BOX TO CHANGE CONTACT INFORMATION FOR AGENCY OR FIRM - Complete Section II Only
(Must be completed and signed by principal of Agency or Firm)**

Agency or Firm Name: _____

SECTION I - APPEAL INFORMATION

Application Number(s) and/or Parcel Number(s) (attach additional sheets if necessary)

1. <input type="text"/>	3. <input type="text"/>	5. <input type="text"/>
2. <input type="text"/>	4. <input type="text"/>	6. <input type="text"/>

SECTION II - MAILING ADDRESS

PREVIOUS MAILING ADDRESS

Address: _____ Suite / Unit / FL: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax Number: _____
 Alternate Phone: _____ E-Mail Address: _____

CURRENT MAILING ADDRESS

Address: _____ Suite / Unit / FL: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax Number: _____
 Alternate Phone: _____ E-Mail Address: _____

PRINT NAME: _____ Title: _____

SIGNATURE: _____ Date: _____