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MOBILE EQUIPMENT UPDATE FORM

If you have a new Mailing Address and/or Sold or Moved your Mobile Equipment, please complete the following. Also, please include a copy of the Bill of Sale or other documentation you may have. If you need assistance in completing this form, please give our office a call at (530) 225-3640.

ASSESSMENT NO.: _____

EQUIPMENT DESCRIPTION: _____

ASSESSEE NAME: _____

CURRENT MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT TELEPHONE NO.: _____

LIST ADDITIONAL ASSESSMENTS FOR MAILING ADDRESS CHANGE: _____

IF MOBILE EQUIPMENT SOLD
DATE SOLD: _____

IF MOBILE EQUIPMENT MOVED
DATE MOVED: _____

NOTE: If you Sold or Moved your Mobile Equipment, changes will be valid for the subsequent lien date.

IF SOLD, PROVIDE BUYER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

IF MOVED, NEW LOCATION ADDRESS: _____

CITY/STATE/ZIP: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

TITLE: _____