

**NOTICE OF SALE, TRANSFER OR CHANGE OF ADDRESS OF REAL ESTATE OF OTHERS**

This request is made by the Assessor pursuant to Revenue and Taxation Code Section 441(d).

**Keith Taylor**  
**Assessor of Ventura County**  
800 S. Victoria Avenue  
Ventura, CA 93009-1270  
(805) 654-2181 Fax (805) 645-1305  
[assessor.venturacounty.gov](http://assessor.venturacounty.gov)

**CHANGE OF OWNERSHIP:** You are required to report the sale or transfer of any improvements on the real estate of others. The report is to be made to the Assessor's Office **immediately** after the sale or transfer of these improvements. This is to ensure an accurate assessment for the property and to avoid possible **incorrect tax liability**. The tax liability is the responsibility of the owner of record with the Assessor. **Please complete Parts 1 thru 4.**

**CHANGE OF MAILING ADDRESS:** Property assessment information and property tax bills are mailed to the current address of record on file with the County Assessor. Property owners are responsible for notifying the Assessor promptly whenever their mailing address has changed. **Please complete Parts 1 and 4.**

**PART 1: IDENTIFICATION OF PROPERTY**

ASSESSOR'S PARCEL NUMBER/ACCOUNT	TYPE OF PROPERTY (SLIP/HANGAR/OTHER)		
STREET ADDRESS OR PHYSICAL LOCATION OF REAL PROPERTY	CITY	STATE	ZIP
CONDITION OF IMPROVEMENTS/REAL PROPERTY			

**PART 2: SELLER INFORMATION**

SELLER/TRANSFEROR NAME	SELLER/TRANSFEROR TELEPHONE NUMBER		
SELLER/TRANSFEROR MAILING ADDRESS	CITY	STATE	ZIP
SALES PRICE	SALES DATE		

**PART 3: BUYER INFORMATION**

BUYER NAME	BUYER TELEPHONE NUMBER		
BUYER MAILING ADDRESS	CITY	STATE	ZIP

**PART 4: MAILING ADDRESS CHANGE**

OLD MAILING ADDRESS:

STREET ADDRESS	CITY	STATE	ZIP
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NEW MAILING ADDRESS AS OF \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DATE):

STREET ADDRESS	CITY	STATE	ZIP
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*I declare that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.*

SIGNATURE OF SELLER/TRANSFEROR OF RECORD OR PERSON REQUESTING CHANGE	DATE	TELEPHONE
NAME OF SELLER/TRANSFEROR OF RECORD OR PERSON REQUESTING CHANGE (PLEASE PRINT)	TITLE	EMAIL ADDRESS