



WEBSTER J. GULLORY
ORANGE COUNTY ASSESSOR

CHANGE OF ADDRESS NOTICE

(PLEASE TYPE OR PRINT)

Property valuation information and tax bills are mailed to the address contained in Assessor Department records. It is important that we have your current mailing address to avoid unnecessary delays in delivery.

It is the owner's responsibility to advise the Assessor when the mailing address has changed. Please use this form to report a change in address. If you have any questions regarding your mailing address, please call (714) 834-2939.

Assessor Parcel Number (APN): 935-464-33

Business Account Number: _____

Property Location: 251 Mayfair, Irvine
Street Address City

Owner: CHIU PATRICK
Last Name First Name Middle

Person Requesting Change: Chiu Patrick
Last Name First Name Middle

Signature of Person Requesting Change [Signature] 12/09/2014 (408) 368-0673
Date Daytime Telephone

Old Mailing Address:
45342 Dink Street Fremont CA 94539
Street Address City State Zip Code

New Mailing Address:
19927 Twilight Ct. Capertino CA 95014
Street Address City State Zip Code

Effective Date of Address Change: 12/15/2015
Month / Day / Year

MAIL COMPLETED FORM TO: Webster J. Gullory, Orange County Assessor
Attn: Address Control
P. O. Box 628
Santa Ana, CA 92702-0628



MAIL TO:
DMV CHANGE OF ADDRESS
P.O. BOX 942859
SACRAMENTO, CA 94259-0001

**A SEPARATE FORM IS NEEDED
FOR EACH DRIVER OR VEHICLE OWNER**

NOTICE OF CHANGE OF ADDRESS

DMV USE ONLY
DL address
updated by FO
24002

Please Print Characters in Capital Letters Using Black or Dark Blue Ink only.

INSTRUCTIONS:

- Enter the information as shown on the document, i.e. California driver license, ID card, or vehicle registration card, for which a change is being requested.
- Names not matching DMV records and/or unreadable information cannot be updated.
- Type or write your new address on a small piece of paper with your signature and date. Keep it with your driver license or ID card.
- A commercial licensed driver must maintain a California residence address or the driver license will be downgraded to non commercial status.

Personal Information
LAST NAME: Y A N G
FIRST: L I - H S I A N G
INITIAL: []
BIRTH DATE: 0 6 - 2 6 - 1 9 6 6
DRIVER LICENSE/ID CARD NO.: B 6 6 5 4 8 8 1

Voter Change of Address
We will change your voting address if you have moved and still live in the same county. If you have moved to a new county or are not registered to vote, you must complete a new voter registration card. DMV provides the form or call 1-800-345-VOTE or logon to the Secretary of State's website at www.sos.ca.gov.

Use only with
DL Change of Address
☐ Mark this box if you do not want to change your voting address.

New or Correct Residence Address
STREET NUMBER ONLY: 1 9 9 2 7
STREET NAME: T W I L I G H T C T
APT NO.: []
CITY - DO NOT ABBREVIATE - USE FIRST 22 CHARACTERS IN CITY NAME: C U P E R T I N O
STATE: C A
ZIP CODE: 9 5 0 1 4



Do Not Use P.O. Box
in this space

New or Correct Mailing Address



If Different From
Residence Address

STREET NUMBER ONLY: []
P.O. BOX OR STREET NAME AND PRIVATE MAIL BOX: []
APT NO.: []
CITY - DO NOT ABBREVIATE - USE FIRST 22 CHARACTERS IN CITY NAME: []
STATE: []
ZIP CODE: []

**Vehicles,
Vessels, or
Placards
Owned By You**

Use Additional
Forms If Necessary

CALIFORNIA PLATE/CPL PLACARD NO.: []
LAST 17 POSITIONS OF VEHICLE ID OR VESSEL HULL ID NUMBER: []
CHECK IF REGISTERED LEASED OUTSIDE CA: []

Leased Vehicles

LEASING COMPANY'S NAME: []

**Location of
Trailer Coach
or Vessel**

If Different From
Residence Address

STREET NUMBER: []
STREET NAME: []
CITY - DO NOT ABBREVIATE - USE FIRST 16 CHARACTERS IN CITY NAME: []
COUNTY - DO NOT ABBREVIATE: []

Old Address 45342 Omak Street Fremont CA 94539

STREET NUMBER/NAME: 45342 Omak Street
CITY: Fremont
STATE: CA
ZIP CODE: 94539
Your mailing address may be given to requesters providing a valid reason for requesting the information. If you receive mail at your residence, then giving DMV a separate mailing address is optional. Your residence address is restricted to authorized requesters per Vehicle Code Section 1808.21. I am the person whose name appears on the record(s) above and the mailing address shown is valid, existing and accurate. I consent to receive service of process at this mailing address pursuant to 415.20(b), 415.30, and 416.90 of the Civil Procedure Code. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE: X Si-Hoing Yeng

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