



Donna Riley
Treasurer – Tax Collector

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REVENUE RECOVERY DIVISION - CHANGE OF INFORMATION FORM

**Required Fields*

First Name *: _____ MI: _____ Last Name *: _____

Date of Birth* (MM/DD/YY): _____ Social Security Number *: _____

Revenue Recovery Account Number: _____

Old Information

Home Address*: _____

City*: _____ State *: _____ Zip *: _____

Phone Number

Home*: (_____) _____

Work: (_____) _____

Employer : _____

Employer's Address : _____

New Information

Home Address*: _____

City*: _____ State *: _____ Zip *: _____

Phone Number

Home*: (_____) _____

Work: (_____) _____

Employer : _____

Employer's Address : _____
