

APPLICATION FOR SEPARATE ASSESSMENT (Rev & Tax Code §§2821-2827)

Complete Shaded Areas

Signature:	A.P.N.
Print Name:	Date:
Address:	Telephone:
City/State/Zip:	Tax Year:

-Assessor Use Only-

SEG# _____ O.R.# _____ Map _____ Inst 1 [] Inst 2 [] Deed [] Trust Deed []*

*If request is covered by a Trust Deed, a copy of Trust Deed must accompany request.

Special Assessments []YES []NO Prepared by _____, Assessor's Designee, DATE _____

Por. #1 APN		TRA		Tax Rate		Acres									
Name(s)															
Address															
LAND		IMPS		PERS PROP		CODE		PENALTY		CODE		EXEMPT		NET VALUE	
Assmt Code	Coll %	Amount	Assmt Code	Coll %	Amount	Sp Code	Amount								
Install #1				Install #2				Total							

Por. #2 APN		TRA		Tax Rate		Acres									
Name(s)															
Address															
LAND		IMPS		PERS PROP		CODE		PENALTY		CODE		EXEMPT		NET VALUE	
Assmt Code	Coll %	Amount	Assmt Code	Coll %	Amount	Sp Code	Amount								
Install #1				Install #2				Total							

Por. #3 APN		TRA		Tax Rate		Acres									
Name(s)															
Address															
LAND		IMPS		PERS PROP		CODE		PENALTY		CODE		EXEMPT		NET VALUE	
Assmt Code	Coll %	Amount	Assmt Code	Coll %	Amount	Sp Code	Amount								
Install #1				Install #2				Total							

Por. #4 APN		TRA		Tax Rate		Acres									
Name(s)															
Address															
LAND		IMPS		PERS PROP		CODE		PENALTY		CODE		EXEMPT		NET VALUE	
Assmt Code	Coll %	Amount	Assmt Code	Coll %	Amount	Sp Code	Amount								
Install #1				Install #2				Total							

Original Parcel Total _____ Split Parcels Total _____