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

Complete Shaded Areas													
Signature: A.P.N.													
Print Name:	Date:												
Address:	Telephone:												
City/State/Zi	Tax Year:												
						-Assesso	Use Only-						
							···· ,						
SEG# *If request is c	0.	.R.#			N	/lap			Inst 1 [] I	nst 2 [] Dee	ed[] Trus	t Deed []*
*If request is c	overed by	a Trus	t Deed	l, a copy o	of Tru	st Deed mu	st accompany	y re	equest.				
Special Asses	epare	, Assessor's Designee, DATE											
Por. #1 APN TRA							Tax Rate Acres						
Name(s)													
Address													
LAND	IMP	PER	S PROP CODE			PENALTY CO			DE EXEMPT NET VALU				
Assmt Code	Coll %	Amo	ount	Assmt C	ode	Coll %	Amount		Sp Code	Am	ount	Sp Code	e Amount
Install #1		2			Total								
Por. #2 APN	TRA						Tax Rate Acres						
Name(s)													
Address							•						
LAND	IMPS PERS PROP CODE						PENALTY COD			DE EXEMPT NET VALUE			
		-		1		0		1		1			
Assmt Code	Coll %	Amo	ount	Assmt C	ode	Coll %	Amount	S	Sp Code	Amo	ount	Sp Code	e Amount
						<u> </u>			-				
Install #1 Install #2 Total													
							5 /						
Por. #3 APN				TRA		I	ax Rate Acres						
Name(s)													
Address													
LAND	IMP	S	PER	S PROP		CODE	PENALTY	(COD	E	EX	EMPT	NET VALUE
Assmt Code	Coll %	Am	ount	Assmt C	ode	Coll %	Amount		Sp Code	Am	ount	Sp Code	e Amount
Install #1			Inst	2	Total								
Por. #4 APN	Ta	ax Rate Acres											
Name(s)													
Address													
LAND	IMP	PER	PROP CODE			PENALTY COD			E EXEMPT			NET VALUE	
									1				
Assmt Code	Coll %	Amo	ount	Assmt C	ode	Coll %	Amount		Sp Code	Am	ount	Sp Code	e Amount
Install #1	Install #2								To	tal			

Original Parcel Total_____Split Parcels Total_____