### County of Santa Clara

Finance Agency
Department of Tax and Collections

110 West Tasman Drive San Jose, California 95134 www.sccdtac.org



## PROPERTY OWNERSHIP QUESTIONNAIRE SUBDIVISION AND PARCEL MAP CLEARANCE

In order to obtain a Statement of Subdivision Security, the accurate completion of this two-page questionnaire is mandatory. The fee for the clearance is \$50.00 per parcel. A check must be included with your request. The check should be made payable to "SCC Department of Tax and Collections".

Pursuant to Section 66493(a) of the California Government Code and Chapter 3.5 of the California Revenue and Taxation Code, the following data is necessary to calculate the security of taxes to be posted with the Clerk of the Board of Supervisors. This amount may include tax liens that are assessed but not yet billed.

For questions, please contact scctax@fin.sccgov.org.						
1.	Assessor's Parcel Numbers:					
2.	Tract Number (if applicable):					
3.	Current Owner's Name: Current Owner's Address:					
	Current Owner's Address.					
4.	Title Company's Name:					
	Title Company's Address:					
5.		Clearance Letter request for the same APN? Yest request	res No			
6.	To my knowledge, all current a bills, are fully paid. If No, a Subdivision-Tax Cleara	and prior year taxes, including all supplemental and Yes No ance shall not be issued.	•			

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ache	Have there been any changes in ownership in the last 4 years? Yes No If Yes, complete the following for the last four years. Include sales price for each AP separately.					
	APN	Date of Transfer	Deed Number	New Owner	Sales Price	
	e there been a	•	mpletion for any co	onstruction permits wit	hin the past 2	
	If Yes, complete the following information for the last two					
year	S.	Date of Com	pletion Nev	v Assessed Value		

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#### 11. I have attached the following:

Payment of \$50 per parcel listed in Question 1.

Copy of current Assessor's Map

Copy of the Tract or Parcel Map. I have indicated if this map shows changes for the entire parcel as shown on the current Assessor's map.

A letter from the appropriate city verifying that no new assessment bonds will be assessed on this parcel(s) within the following fiscal year (PLEASE NOTE: This is necessary only if the map is to be filed between January 1 and October 1).

# "I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE."

NAME (Pl	ease print or type)								
SIGNATURE		DATE							
TITLE		COMPANY							
PHONE NUMBER		EMAIL							
FOR DEPARTMENT OF TAX AND COLLECTION / TAX ROLL CONTROL USE ONLY									
			T						
Received Date:		Rejected By	Date Returned	Resubmitted Date					
Processed By:									
Processed Date:									