



Office of Tom J. Bordonaro, Jr., County Assessor

1055 Monterey Street, Suite D360, San Luis Obispo, CA 93408
(805) 781-5643 Fax: (805) 781-5641 Website: slocounty.ca.gov/assessor

ASSESSOR'S PARCEL BOUNDARY CHANGE REQUEST NUMBER _____

ATTENTION: MAPPING SECTION

INSTRUCTIONS:

1. Complete the lower portion of the request form and return to Tom J. Bordonaro, Jr., San Luis Obispo County Assessor, 1055 Monterey Street, Suite D360, San Luis Obispo, CA 93408. **A NON-REFUNDABLE fee of \$350 per request (maximum 4 APN's) must be included with this application. Submission of the application does not ensure that your request will be approved.** (Checks should be made payable to: Tom J. Bordonaro, Jr., County Assessor.)
2. Include a copy of the legal description and/or map of the parcel(s) you desire to have split or combined. A split will be along established lot lines.
3. A split is a separation of one Assessor's parcel into two or more Assessor's parcels resulting in separate tax bills for each.
4. Parcels being split/combined must be on a single Assessor's map page. We are unable to move parcels between different pages.
5. A combination is two or more Assessor's parcels consolidated into one Assessor's parcel resulting in a single tax bill.
A COMBINATION CANNOT BE MADE IF:
 - A. The parcels are not in the same tax rate area.
 - B. Title to the parcels is not held exactly the same.
 - C. There are any tax delinquencies.
 - D. The parcels are not contiguous.
 - E. One parcel is under Open Space Contract and one parcel is not.
6. **This action by the county Assessor is for property assessment purposes only. It does not imply legal lot status nor does it constitute legal lot approval by any planning/building authority. If you have questions regarding legal lots, you should contact the appropriate planning/building authority where the property is located.**
7. Upon approval or rejection of your request, you will be notified by our office.

I (we) hereby request a split combination of Assessor's Parcel Number(s) _____
_____, _____, _____

According to the map description attached or as follows: _____

Reason for request: _____

Property Owner's Name (Please print) _____ Telephone No. (8:00 a.m. - 5:00 p.m.) _____

Mailing Address (Please print) _____ City _____ State _____ Zip Code _____

I have read the above instructions and understand that the fee deposited with the Assessor's Office for the purposes of this Parcel Boundary Change Request is NON-REFUNDABLE, whether or not this request is approved.

Property Owner's Signature _____ Date _____

ASSESSOR'S USE ONLY			
Requesting Appraiser: _____	Date: _____	Tax year: _____	Approved by: _____