RE: TRACT OR MAP NO._____ ASSESSOR'S SEQUENCE NO. _____
(Not assessment numbers)

Resubmitted Sequence No._____

TO: SAN LUIS OBISPO COUNTY ASSESSOR
1055 MONTEREY STREET, SUITE D360
SAN LUIS OBISPO, CA 93408

Assessment Number(s), if known:

_____

_____

Please initiate proceedings necessary to complete the amount of bond for the above referenced map, according to Sections 66492 - 66494 of the Government Code.

YOU MUST PROVIDE A DIGITAL COPY OR ATTACH AN 11X17 COPY OF THE TRACT OR PARCEL MAP TO THIS APPLICATION
DIGITAL COPIES MAY BE EMAILED TO ASSESSOR@CO.SLO.CA.US
A NON-REFUNDABLE FEE of $245.00 PER REQUEST MUST BE INCLUDED.

1. Has this map been previously submitted to the Assessor for bonding? YES ☐ NO ☐

A. If yes, have any changes been made to the original map submitted? YES ☐ NO ☐

2. Was the property purchased or acquired within the last 18 months? YES ☐ NO ☐

A. If yes, total purchase price or market value: $_____

B. Date property was acquired: _____

3. Have any improvements been added to the property since the acquisition date? YES ☐ NO ☐

If yes, please attach a list of the improvements.

A. Date improvements completed: _____

B. Value/cost of improvements: _____

4. When do you plan to record this tract or parcel map? Date: _____

5. Will this project include the use of Transfer Development Credits? YES ☐ NO ☐

If yes, how many _____ Cost _____

6. Do you expect to make any changes to the title, start any construction (including off sites), or take out any permits ***prior to recording the map?*** YES ☐ NO ☐ If yes, please provide the following information:

Expected Activity	Expected Start Date	Expected Date of Completion	Estimated Value of Transfer and/or Cost of Construction

I certify (or declare) under penalty of perjury, under the laws of the state of California, that the foregoing and all information herein, including any accompanying statement or documents, is true, correct and complete to the best of my knowledge and belief.

Requesting Party: _____ _____ Date: _____
(PLEASE PRINT NAME) (SIGNATURE)

Property Owner's Name: _____ Telephone Number: (_____) _____
(PLEASE PRINT)

Party to Contact: _____ Telephone Number: (_____) _____
(PLEASE PRINT) (8:00 A.M. TO 5:00 P.M.)

Mailing Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

FOR ASSESSOR'S USE ONLY		
TAX RATE AREA	ASSESSMENT NUMBER(S)	FEE PAID
		CHECK #
		CASH
		CREDIT CARD