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 Email: Assessor@co.slo.ca.us
www.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 fee of $530 per request (maximum 4 APN's) must be included with this application. Payment will be processed upon approval of your request or returned if your request is rejected. 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 and may not become effective until the following roll year. 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 completion 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) Phone Number (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 will be processed if the request is approved.

_____ _____

Property Owner's Signature **Date**

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