



PETER ALDANA
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER

BUSINESS PERSONAL PROPERTY DIVISION
Telephone (951) 955-6210 Fax (951) 955-8535

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P.O. Box 1240
Riverside, CA 92502-1240
E-mail Address:
bp-helpdesk@asrclrkrec.com
Websites:
www.rivcoacr.org

REQUEST FORM/STATEMENT OF CHANGE FORM
(PLEASE PRINT)

Owner Name (as shown on tax bill) _____

Assessment No/Pin _____ **Aircraft N#** _____ **Boat CF#** _____

Signature _____ **Date** _____ **Tel.** _____

Fill out the applicable section(s) below.

☐ **REQUEST FOR PROPERTY STATEMENT (Form 571-L or 571-F)**

Tax year(s) requested _____

For new assessments only (no existing assessment no.):

1. Owner name(s) _____
2. D.B.A. _____
3. Mail name (c/o or attn, if applicable) _____
4. Mail address (street or P.O. box/city/state/ZIP) _____
5. E-mail address _____
6. Location of property (street/city/ZIP) _____
7. Type of business ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service/Prof.
8. Business activity (describe) _____

☐ **REQUEST FOR CHANGE OF MAIL ADDRESS**

New mail address (street or P.O. box/city/state/ZIP) _____

☐ **STATEMENT OF CHANGE IN PROPERTY STATUS**

Sold: ☐ Business ☐ Aircraft ☐ Boat

Date sold _____

New owner's name _____

New owner's mail address _____

Moved: ☐ Business ☐ Aircraft ☐ Boat

Date moved _____

New location _____

Permanently Closed Business:

Date closed _____

Disposition of assets ☐ Sold ☐ Abandoned ☐ Other (describe) _____